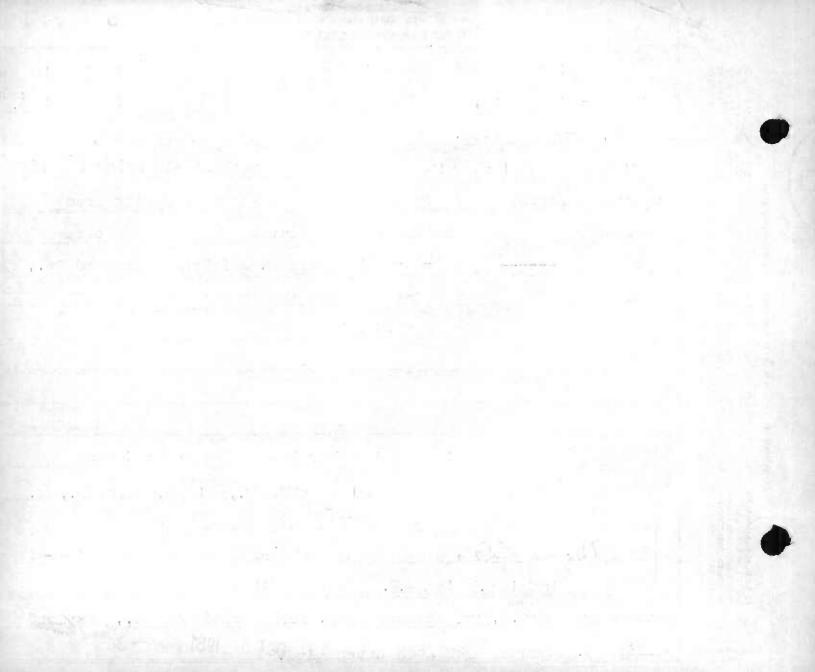
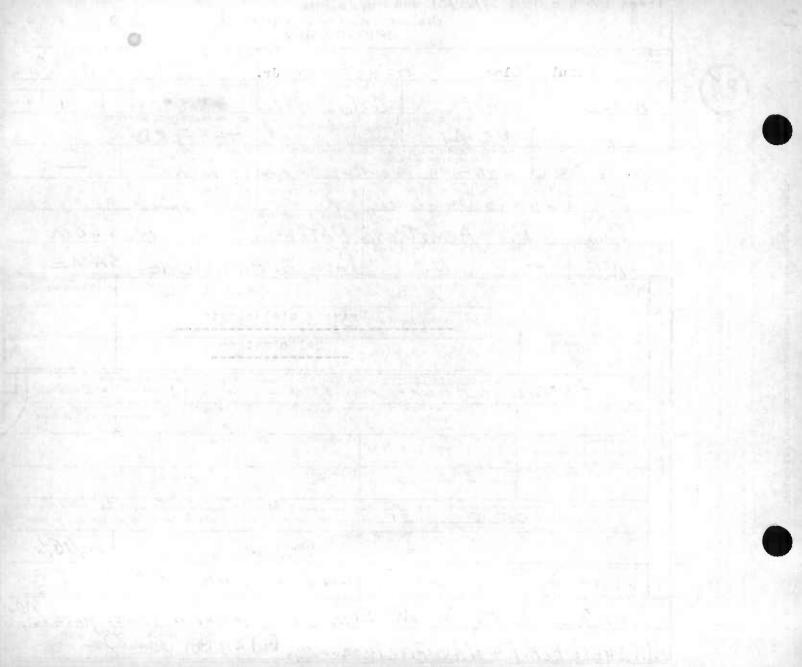
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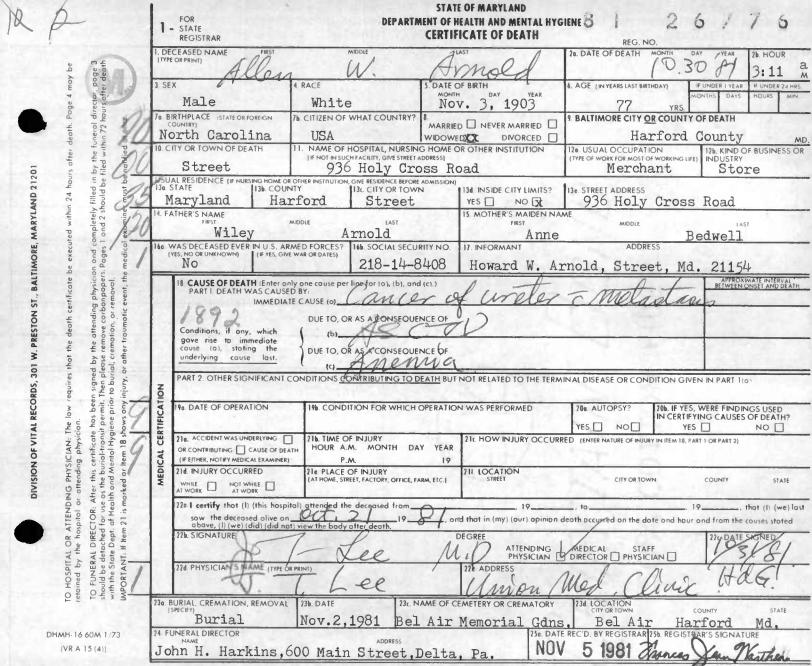


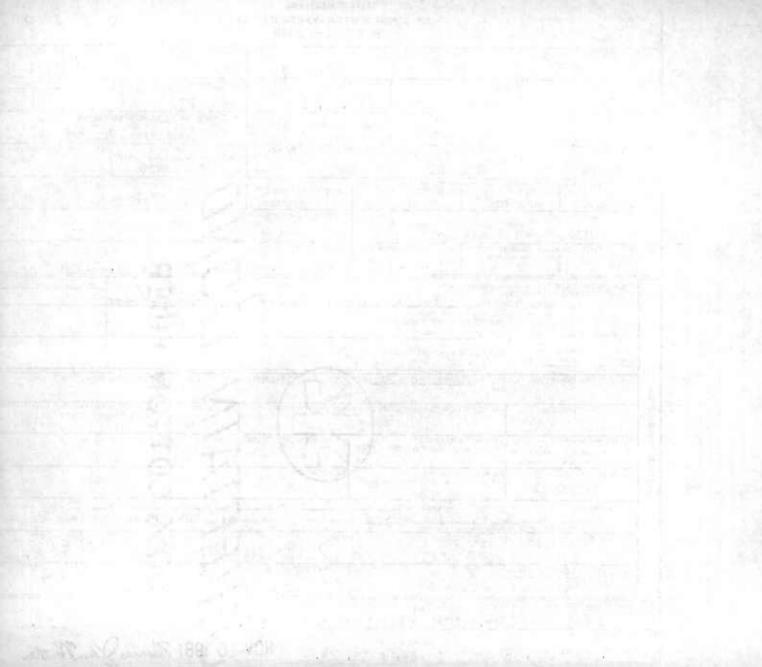
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rimore be execu	- Pages		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMAL DOUGHT 1889-9489 ADDRESS 1809 FOLLY & MILL ROAD 18. CAUSE OF DEATH (Enter only one cause per line of 101, 16), and (C).
RDS, 201 W. PRESTON ST., E equires that the death certifical signed by the attending phy	Ihen please remove carbanpa r to burial, crematian, ar remov injury, ar ather traumatic event	NOI	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, I ony, which gove rise to immediate cause (a), stating the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)
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O MOSPITAL etained by th	with the State		272 PHYSICIAN'S NAME [TYPE ORPRINT] Albert S. C. Sun, M.D. 1800 Harford Rd., Fallston, Marylan (21047)
BP	w y Z	230	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN STATE BURIAL, CREMATION, REMOVAL 236. DATE Oct. 23, 1981 Mit. Tabor Meth. Ch. Cem. Bel Air, Harbold, Darrybord 21014
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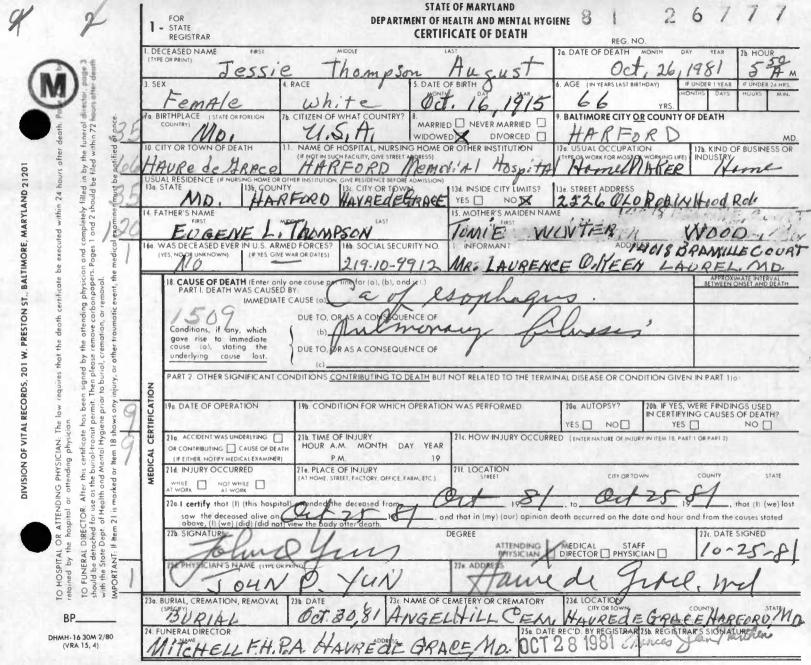
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	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 2 6 / / 3 CERTIFICATE OF DEATH
		CEASED NAME FIRST	REG. NO. MIDDLE LAST 20, DATE OF DEATH MONTH DAY YEAR 25, HOUR C
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DIREC oched Dept.		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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	16a WAŠ DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? 166 SOCIAL S YES. GIVE WAR OR DATES) 232-/	B-9859 Mp. MAR	71. 00	1021 CHAPFL; RDI HAVRECEGRAREMI
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		DUE TO, OR AS A CONSI	EOUENCE OF		
		CANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
2	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
1	OR COLUMNIA COLUM	OF DEATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
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22a.1 certify that (I) (this hospital) attended the deceased from ceased olive on (did) (did na

REMOVAL

ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

22c. DATE SIGNED

that (I) (we) last

BP.

IMPORTANT:

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TO FUNERAL DIRECT

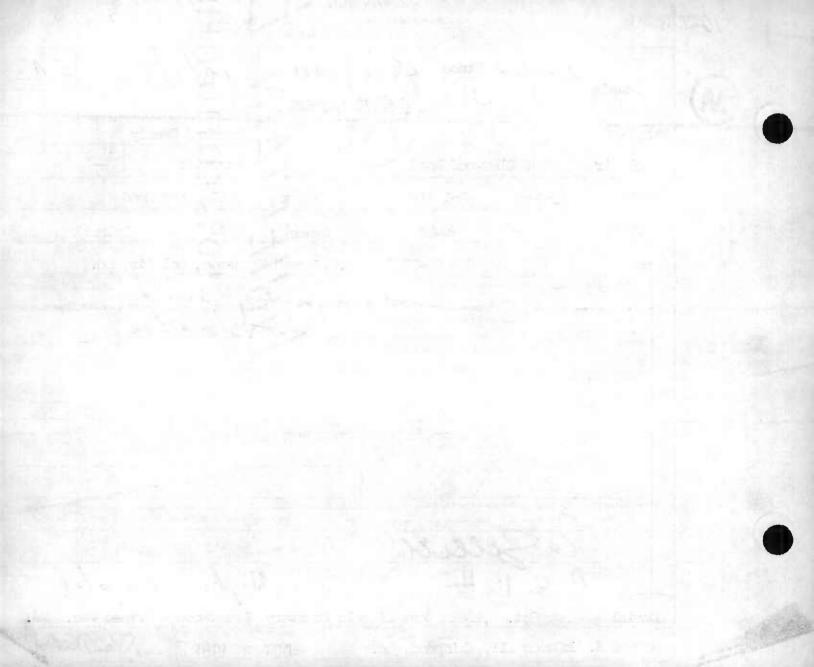
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12b. KIND OF BUSINESS OR Tracer Steel 2403 Sycamore Lane Woods Mrs. Lorene Brammer, Edgewood, Md. TO THE TEAMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) No. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? LONGER WATCHE OF HOLDEY BY STEW TR. PART 1 ON PART 21. COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 224. DATE SIGNED laru STATE Burial Oct.16,1981 Bel Air Memorial Gardens Bell'Air Harford Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE Howard K. McComas III, Abingdon, Md.

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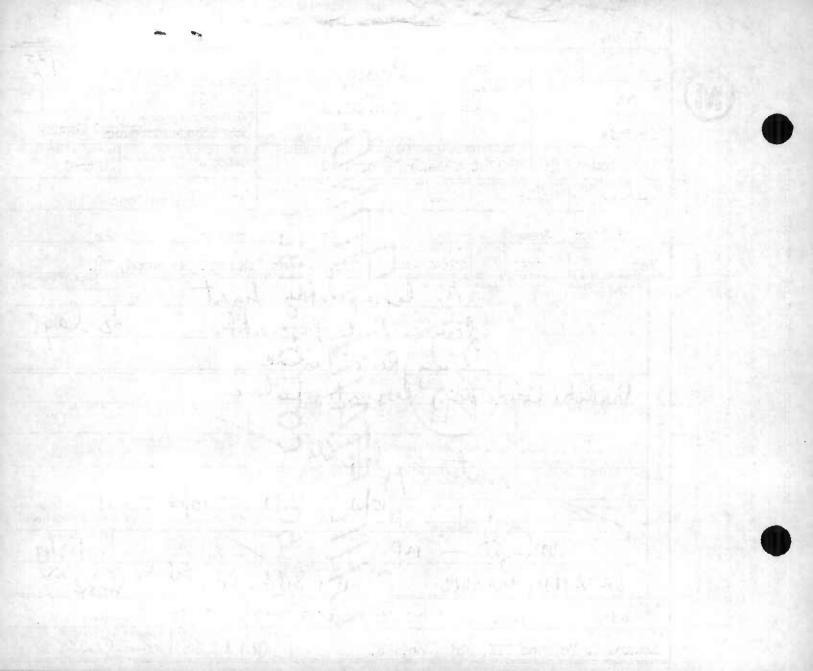
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- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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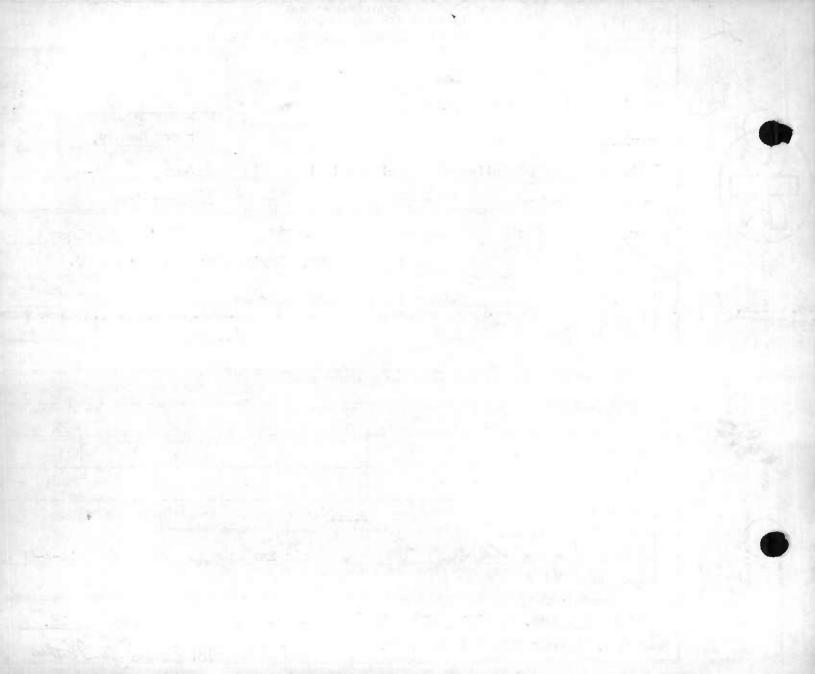
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	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	2	6 /	8 4
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38	K	RTHPLACE (STATE OR FOREK COUNTRY) ngsville	U. S.		WIDOWE			Harford	DEATH	MD.
Office Office	200	re de Grace	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET, OS NURSING	ADDRESS)	OR OTHER INSTITUTION	170. USUAL OCCUPATION OF OF WORK FOR MOST OF TARMING		12b. KIND OF INDUSTRY Self-	BUSINESS OR employed
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FRE	CERTIFICATION	19e. DATE OF C	OPERATION	19h. CONDI	ITION FOR WHICH OPE	RATION	AS PERFORMED?				20	YESXX	? NO 🗆
AKTAIEN OR 70 BL		210. EXTERNAL UNDERLYING CONTRIBUTIN			A. MONTH DAY YEA	R 21c H	OW INJURY OCCURR	ED (ENTER NATU	JRE OF INJURY IN ITE	M 18 PART I C	OR PART 2)	129,02	
WRITING WRITING WREDED TO AGE 3 SHC ATE DEPAI 11201 PRIO	w 1	21d. INJURY OF WHILE AT WORK			OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION STREET	C	ITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFS. EXECUTE THE CERTIFICATE, WRITING AGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR, PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEN BALTIMORE, MARYLAND, 21201 PRIOR TO BE	نست	220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	y that I took charge of d from: Natural	couses X,	scribed obave, held on Accident , S	Autor vicide^	Homicide TITLE (SPECIFY) ASSISTAN ADDRESS	Undeterm	Inquiry , , , , , , , , , , , , , , , , , , ,	D.	ay apıniar ATE GNED	10-4	
ВР	В	urial NERAL DIRECT	Oct		-		L Cemetery	Tows		Balto		Md	TATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	Но	Ward K	. McComas	III, ADAD	ingdon, Md.		00	T 6 1	981 2	ness	Year	Warth	en



					TE OF MARYLAND	0 1	96	1 3 5
	1	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE O	<i>2.</i> 0	
	1. DF	CEASED NAME FIRST	MIDDL		LAST.	REG. NO		YEAR 25 HOUR
		E OR PRINT)	00	11.				1 0
-	3 SE	x	4. RACE		OF BIRTH	6 AGE IN YEARS LAST BIR	27, 198 THDAY) IF UNDER	
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1	10 B	IRTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8		9 BALTIMORE CITY O	R COUNTY OF DEA	ATH
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		ITY OR TOWN OF DEATH	11. NAME OF HOSE		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126.1	KIND OF BUSINESS OF
06	Ha	vre de GLACE	Harford	Memorial	Hospital	Cook		cil Co.Sch
>	13a.	AL RESIDENCE (IF NURSING HOME STATE 136 COL		RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
5		ryland Ce	ecil	Perryville	YES 🗙 NO 🗌	625 Otsego	Street	
7	14 F/	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		LAST
10			llen	Jackson	Barbara			onStatten
edico			TIVE WAR OR DATEST	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	025 06	sego Stree
The m		No -		0-42-6885	George G. Ch	amberiain,		
T, T		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per line SED BY:	for (a), (b), and (c)			85	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
2		IMMEDI	ATE CAUSE (0)	papie taile	18			2 mo
		Conditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF	pancias			?
r tro	100	gove rise to immediate	(b) <u>La</u>	ucinoma of	Mount Co.			
othe		couse (a), stating the underlying couse last	DUE TO, OR AS	A CONSEQUENCE OF				
y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN P	ART I(n)
in in	NO.		Dra	Letes melli	n's	THE BULL OF THE COLL		AKT TIO
ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS USED
Shows	1 1					YES NO	YES [AUSES OF DEATH?
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF IN.	IURY MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TORP	ART 21
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		AT WORK NOT WHILE AT WORK				and the second		
2		22a.1 certify that (1) (this has sow the deceased alive a		0.4	10/19 19 81		7 19.87	that (I) (we) los
E		obove, (I) (we) (did i		death.	nd that in (my) (our) opinion	death occurred of the do		
# #e		22b. SIGNATURE	11/1/11	5	DEGREE ATTENDING	MEDICAL STAF		DATE SIGNED
	-	22d. PHYSICIAN'S NAME THE	ugalen	1)	PHYSICIAN	DIRECTOR PHYSIC	IAN /0	128/81
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	230	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE
-	74 F	Burial UNERAL DIRECTOR	Oct. 30.1	981 Baker	Cemetery	Aberdeen TE REC'D. BY REGISTRAR	Harfon	
/81		e A? Patterson	& Son. Pe	rryville. M	arvland M	INV 5 1981	256 REGISTRAR'S S	Jan lather
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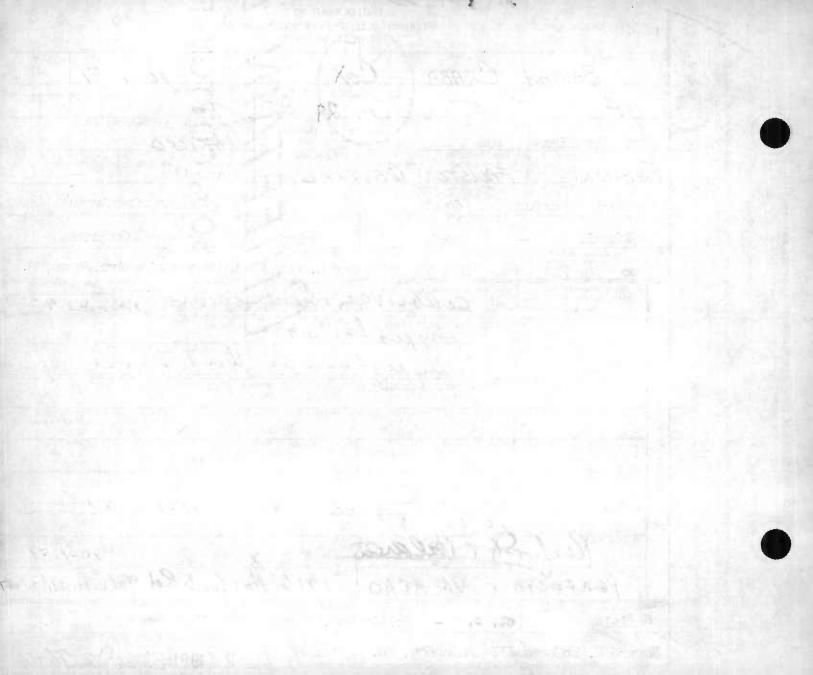
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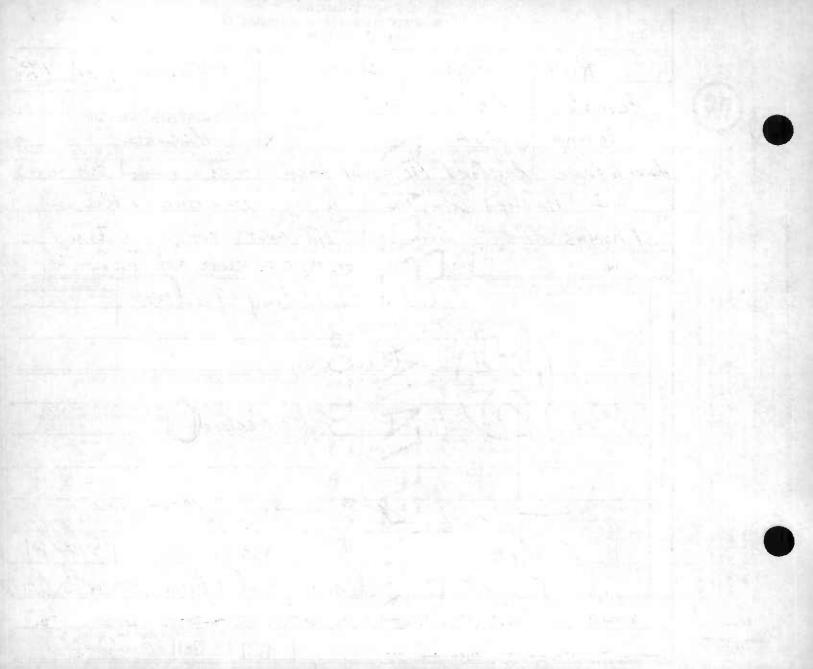
requires that the death certificate be executed within 24 hours within

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP DHMH - 16 50M 1 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAI ICATE OF DEATH	HYGIENE 8	1 2	6 /	5 3
		CEASED NAME FIRST E OR PRINT) BERTH	9 CK	ABB	Ċ	oX	2a. DATE C	REG. NO. DE DEATH MONTH	181	16 HOUR
M	1 SE	IRTHPLACE (STATE OR FOREIGN	4 RACE	/ VHAT COUNTRY?	5. DATE C		- 7	YEARS LAST BIRTHDAY) YR ORE CITY OR COUR	MONTHS DAYS	IF UNDER 24 H
10	N	FOR TOWN OF DEATH	USA		WIDOWE	D NEVER MARRIED DIVORCED OR OTHER INSTITUTION	0 11	OCCUPATION	12b. KIND OF	223(412118
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10020	160 V	Johnnie WAS DECEASED EVER IN U.S. A		Crabb	IRITY NO.	Daisy 17 INFORMANT		ADDRESS	Cothren	
he medic			IVE WAR OR DATES)	213-60-05	524	Roy L. Cox	, 2504 G			pa, Md
jury, or other tra	NO	Conditions, if only, which gove rise to immediate couse (o1, stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR	Auf	ENCE OF	NOT RELATED TO THE	e Leo TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART TO	
ows ony in	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT	OPSY? 206. IF	YES, WERE FINDING RTIFYING CAUSES O YES	F DEATH?
18 S	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M	INJURY A. MONTH DA		21¢ HOW INJURY O	CURRED (ENTER N	ATURE OF INJURY IN ITEM	18 PART I OR PART 2)	NO 🗌
them them					19	1				но 🗌
orked or Hem	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE O (AT HOME STREET	F INJURY ET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	
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NT: If them 21 is morked	MED	21d INJURY OCCURRED WMILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hasp sow the deceased alive of	218 PLACE O (AI HOME STRE	deceosed from	ARM ETC)	STREET 19 Ind that in (my) (our) op DEGREE ATTENDIT PHYSIC I.	NG MEDICAL	10-1	19 <u>87</u> , th	stati not (I) (we) puses stated
with the State Dept of rectin and mental IMPORTANT: If them 21 is marked or them		21d INJURY OCCURRED WHILE NOT WHILE 1 270.1 certify that (I) (this has saw the deceased alive o above. (I) (we) stild) (did not be seen as a saw that the saw the deceased of the saw the deceased of the saw that	218 PLACE O (AI HOME STREE on only view the body of	et INJURY et FACTORY OFFICE F. deceosed from 19 5 ther deoth.	ARM EIC)	DEGREE ATTENDIN PHYSICI.	NG MEDICAL AN DIRECTOR	od on the date and STAFF PHYSICIAN	1981, the hour and from the co	STATE ST
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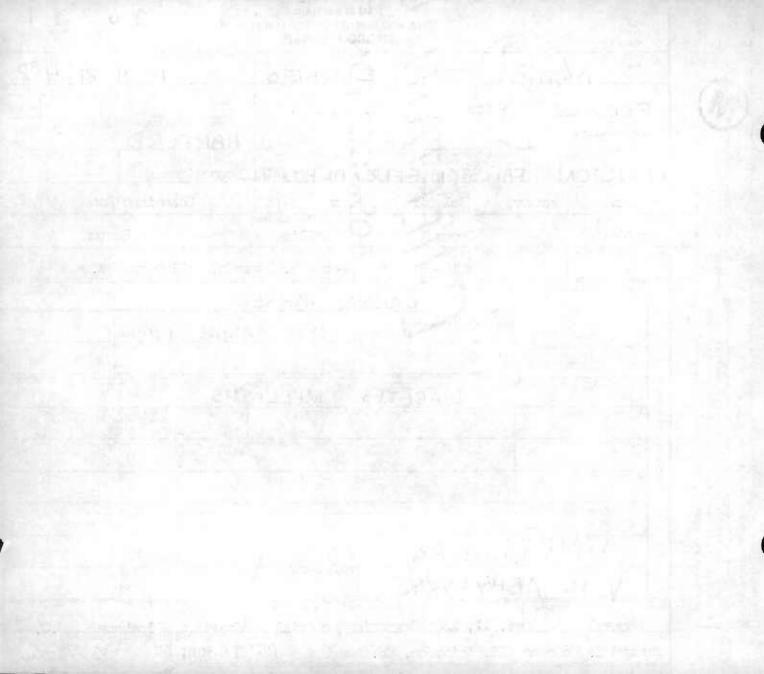
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6	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		2 (3. NO.	5 /	9 1
be orth			FIRST 4 RACE	LILLIE	E	DWARDS	20 DATE OF DEAT	10 11	81	26 HOUR 430
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er centre within 77		TTH Carolin	a Ui	SA DE HOSPITAL, NURSII	MARRIE WIDOWE	DEVER MARRIED DIVORCED OR OTHER INSTITUTION	HARF	PATION	12b. KIND OF	MD BUSINESS OR
4 hours aft	13a.	ALISTON AL RESIDENCE (IF NURSINI STATE	FALL SHOME OF OTHER INSTITUTION	ION GIVE RESIDENCE BEFOR	ENE	RAL HOSPI	TAL Housewi	fe	INDUSTRY	
within 24	14. F	ATHER'S NAME	Harford MIDDLE	Bel Air		YES NO DIS. MOTHER'S MAIDEN Sallie	1108 0			
GALLIMOKE, MARTIAND 2 120 cate be executed within 24 hours in system and completely filled in by spers. Pages 1 and 2 should be file val. 1, the medical examiner must before 1, the medical examiner must before	16a \	Duffey WAS DECEASED EVER IN YES NO OR UNKNOWN) NO	U.S. ARMED FORCES			17 INFORMANT	Edwards, We	DRESS	xton ^{1AST}	
re deoth certificate to deoth certificate to the attending physicio smove carbon papers motion, arremoval.		4108	AMEDIATE CAUSE (0),		ARD	IAC ARE	REST	10000		ATE INTERVAL NSET AND DEATH
es that the please re urial, cree		Conditions, if only, of gove rise to imme couse (a), stating underlying couse PART 2 OTHER SIGNII	diate the DUE TO, lost lc),	OR AS A CONSEOU	ENCE OF	NOT RELATED TO THE TI				
The low requirements the has been signed as permit. The giene prior to shows ony injury	CERTIFICATION	19a DATE OF OPERATION		DIABE	ETES	MELL	200 AUTOPSY? YES NO[206. IF YES, W	ERE FINDING G CAUSES C	GS USED OF DEATH?
NG PHYSICIAN. The low require attending physician. Ifter this certificate has been sign on the buriol-transit permit. Then the and Mental Hygiene prior to be orded or them 18 shows any injury orked or them 18 shows any injury or the shows and the shows any injury or the shows and the shows any injury or the shows and the shows any injury or the shows and the shows any injury or the shows any or the shows any or the shows any or the shows a	MEDICAL CE	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE	USE OF DEATH HOUR EXAMINER) 21e PLAC	P.M. CE OF INJURY	AY YEAR	21f LOCATION	URRED (ENTER NATURE OF			
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by the hospital by the hospital by the hospital lERAL DIRECTOR se detoched for v State Dept. of H		726 SIGNATURE M	Abhy	ankar		ATTENDING	MEDICAL .	STAFF	73s. DATE S	and the last of th
TO HOSPITAL retained by the TO FUNERAL should be detunith the State with the State	71a -	224 PHYSICIĀN'S NAM	ABH	ANKAR	NAME OF C	27* ADDRESS EMETERY OR CREMATOR	THE LOCATION			J. I
BP DHMH-16 50M 1/B1 (VRA 15, 4)	74.71	Removal INERAL DIRECTOR	Oct. 1	1, 1981 Gr	andvi	ew Memorial	FH Sparta	Allegha		N.C.
(1.0.10) 4	LIC	oward K. Mc	omas III,	Abingdon,	Md.		101 14 198	Cosaces	Jan	keither



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FALRECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The law requires that the death certificate be executed within 24 hours after death. Page 4 may	ction. The has been signed by the ottending physician and completely filled in by the funeral motion and the state of the funeral motion.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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	= STATE REGISTRAR	DEI ARTIN	CERTIFICATE OF DEATH	REG. NO.	
	I. DECEASED NAME FIRE TYPE OR PRINT!	BLANE J	Edwards	20 DATE OF DEATH MONTH	04 81 11 8 M
	3. SEX 4	RACE	5. DATE OF BIRTH MONTH 7 15 29	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS
1	Maryland	LITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	- House to a second	INTY OF DEATH
1	Fallston	Fallston Ge	eneral Hosp.	Owner Oprior Working	176 KIND OF BUSINESS OR INDUSTRY Hardware
1	MD Hanto		YES DO NO	419 Giles S	s+
		nmn) Edwards	15. MOTHER'S MAIDEN I	Minnie	Barker
r	160 WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) 166 SOCIAL SECUR		E. Edwards, Bel	Air, Md.
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse tast	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	etent True NCE OF Metasta	failure tre Adenos	7-8 day
1	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH C	EATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
		216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEA	N 18 PART T OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (No hospital sow the deceosed alive on above, (I) (we) trials (did not). 220.5 BNATURE 220. PHYSICIAN'S NAME (17PE OR P.	view the body after death	DEGLES ATTENDING PHYSICIAN 122e ADDRESS	on death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED

should be detoched for u MPORTANT: If He REW NOWAKOWSKI 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial C 23b. DATE

P34 NAME OF CEMETERY OR CREMATORY P38 LOCATION CULTURE TOWN

Bel Air Memorial Gardens Bel Air

P36 DATE REC'D. BY REGISTRAR 256

Harford Md.

24 FUNERAL DIRECTOR DHMH-16 50M 1/81 (VRA 15, 4)

Howard K. McComas III, Abingdon, -Md.

Oct. 7, 1981

Markey Miller Charles 1887 7, 130

STATE OF MARYLAND

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1981 Start Start 2000

215	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF	E OF MARYLAND LEALTH AND MENTAL H ICATE OF DEATH	HYGIENE 8	REG. N	2	6 /	9 4
		CEASED NAME FI	RST		WIDDLE		AST	20 DATE OF	DEATH	MONTH (DAY YEAR	26 HOUR
poge 3	(DoRott	24			Fo	Rd	Octo	bee	10 1	981	145PM
	3. SE			RACE		5. DATE O	OF BIRTH	6. AGE (IN YE	ARS LAST BIF	-	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
ars off	16	male	V	Vhite		J.	71 7899	82		YRS.	OATS	MIN.
\$	70 B	RTHPLACE (STATE OR FORE	GN 7b.		WHAT COUNTR	Y? 8.	D M NEVER MARRIED	9. BALTIMOR	E CITY C	R COUNTY	OF DEATH	
TAG)		Maryland		TIS	SA	WIDOWI		0 HARI	FORE	4		MD
	10. C	TY OR TOWN OF DEATH	11.		HOSPITAL, NURS		OR OTHER INSTITUTION	12g. USUAL O				BUSINESS OR
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t pe	USU. 13a	AL RESIDENCE (IF NURSING)	COUNTY	ER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS	? 13e STREET A	DDRESS	5244		
should b	Me		ARFOR	22	Aberde		YES NO	222	Cus	stis	st	
Comine		THER'S NAME		4 8 7 1	100		15 MOTHER'S MAIDEN	NAME				
10x21	100	Bartlett	MIDE		last		Tda.	3.4	WIDDLE		Shane	
0		VAS DECEASED EVER IN L		FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMANT	U	ADDR	ESS		
medico	- (VES, NO OR UNKNOWN) (IF	YES, GIVE WA	AR OR DATES)	220-20	_7300	Harriett Hi	sen 222	Chet	ie S+	Abordo	1001
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Mentol Hygiene or Item 18 shows	ł	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	1	OF INJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTERNATI	URE OF INJU	IRY IN ITEM 18 P	ART 1 OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC }	211 LOCATION STREET		CITY OR TO	NWN	COUNTY	STATE
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should be det		224 PAYSICIAN'S NAME	(TIPE CAIPE	Le	e.		22 ADDRESS	Med	a	Lindo.	Ham	e de Gra
· o s <u>\$</u>		BURIAL, CREMATION, REA		3h DATE			EMETERY OR CREMATOR	RY 23d. LOCAT	TION OR TOWN		COUNTY	STATE
		Burial		12 Oct	1981 S	pesuti	a Episcopal	Perry		Harfo		
M 2/80	24 FI	JNERAL DIRECTOR			ADDRES		25a. I	DATE REC'D. BY RE	GISTRAR	256. REGIST	RAR'S SIGNATU	RECUM
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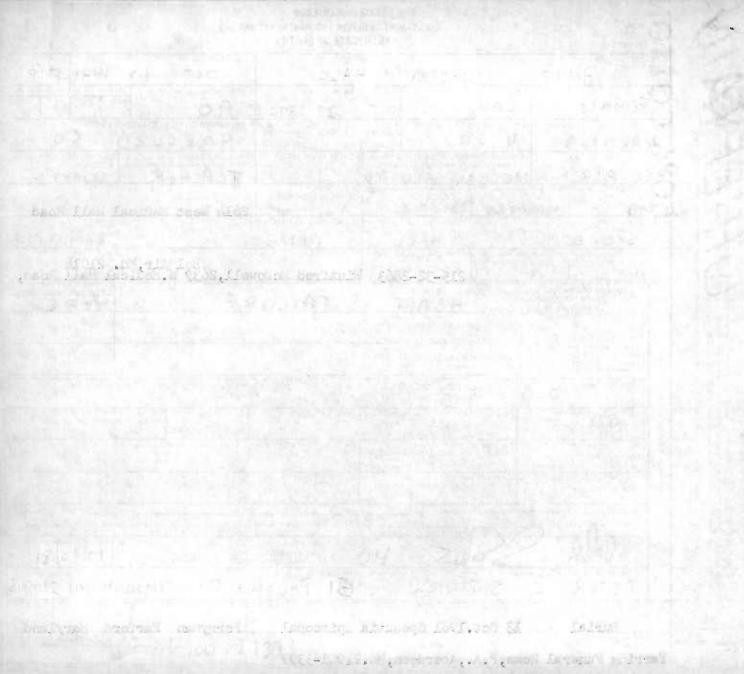
	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAI ARTMENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE &	REG. NO.	2 6 7	9 5
-	(TYPE	CEASED NAME FIRST	WIDOLE	FUE	20. DATE OF D	10	0281	10 15 AM
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83		VA	76 CITIZEN OF WHAT COUN	MARRIED LI NEVER M.	ORCED HAR	CORP	COUNTY	/ MD.
182	F.	ALLS TON	11. NAME OF HOSPITAL, NU HENOTIN SUCH FACILITY GIVE FALLS TON G	URSING HOME OR OTHER INSTI STREET ADDRESS) ENERAL HOS	A . STYPE OF WORK FO	CCUPATION OR MOST OF WORK	KING LIFE) INDUSTRY	BUSINESS OR
of Way b	130 3	AL RESIDENCE (IF NURSING HOME OR OF THE TABLE OF T	TY O ISC. CITY OR	EET YES		DRESS CUSA-C	TRd	
1520		GEORGE "		L'	MAIDEN NAME RST UCY E.	WIDDLE	HAYNES	5
e medico	11	VAS DECEASED EVER IN U.S. ARA LES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL 187-2	SECURITY NO. 17 INFORMAN 4-0336 ENORA	KOHLBUS S	901 BLO	SPECT Rd S	StreetM
event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for 10), (b) BY: E CAUSE (0)	me Aurest			BETWEEN ON	ATE INTERVAL NSET AND DEATH
troumotic		Conditions, if ony, which	DUE TO, OR AS A CONS	equence of Heavy	Block		6 h	•
ar other		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	eure MI				krows
ows ony injury.	CERTIFICATION	11 A	1/ possible ne	TO DEATH BUT NOT RELATED TO LOS COME HICH OPERATION WAS PERFOR	Sensos De	TP VC	FOR FOR THE PART HOLE PART	GS USED DE DEATH? NO
Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEAT		DAY YEAR	JRY OCCURRED (ENTER NATUR	_		
rked or Ife	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	19 211 LOCATION STREET	V (CITY OR TOWN	COUNTY	STATE
n 21 is mo		220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not			our) opinion death occurred o	on the date on		ouses stated
7. #		276 SIGNATURE Hadene	Elfan	301 M1) PH	TENDING MEDICAL HYSICIAN DIRECTOR	STAFF PHYSICIAN	270. DATESI	GNED
With the Stor		27d. PHYSICIAN'S NAME (TYPE OR Hort 1904		27e ADDRESS	FGH			
-	23a E	BURIAL	23b. DATE	231. NAME OF CEMETERY OR CE	CITY OR		HARFORD	W,D'
(1/81 }		INERAL DIRECTOR OHN H. HARK	INS, DELTA	"PA, 17314		STRAB 25 R	EGISTRAP'S SIGNATUR	etter.

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1.8	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	26/93
1 75		CEASED NAME FIRST	15ABEUA	HALL	2ª DATE OF DEATH MON	10 1981 4 ⁴⁵ P. M
	3. SE		1 RACE CAU	S DATE OF BIRTH MONTH DAY YEAR 27 1890	6. AGE (IN YEARS LAST BIRTHDAY	
rer denth Pares de formal a within 72 tool	1	IRTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	RD CO MD.
by the filled with	B	EL AIR	(IF NOT IN SUCH FACILITY, GIVE STREET,		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
LAND 212	130.	STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS 2614 West Me	edical Hall Road
E, MARY)	SIDNEY	MIDDLE LAST	L ANNE	MIDDLE	CRAMPTON
BALTIMORE, cote be execut system ond coppers. Poges 1 vol.		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	RITY NO. 17 INFORMANT	Address Bel Ai Dwell 2639 W.M	r.Md. 2101h Medical Hall Road.
ST., g phy oon por remo		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), and SED BY ATE CAUSE (o) HEAR	FAILY	RE	BETWEEN ONSET AND DEATH YEARS
(01 W. PRESTON ST is that the death certical deby the attending is leaster remove corbon rial, cremation, or ren		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE			
2 9 9 6 7	NOI	OL	Publitions Contributing to E	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)
NG PHYSICIAN: The low require of the order of the certification. The order of the	CERTIFICATION	N ATE OF OPERATION	N(F	OPERATION WAS PERFORMED	YES NO NO	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON OF VITAL HYSICIAN: The ding physicio is certificate buriol-tronsit Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
NG PHY: offer this as the but th ond M orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Do Verb E		CONTROL OF A STATE OF THE PARTY	multi attended the deceased from	ond that in (my) (our) opinion	to death occurred on the date of	, 19, that (I) (we) last and hour and from the causes stated
F C C C C		The SIGNATURE Q	38/15	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	10 10 81
TO HOSPITA TO FUNERAL should be de with the Stati		PETER C	ORPRINT) SOTIRION	BI PADO		MONIUM MD 21093
₽ ₽ ₽ 3 ≤	23a. (BURIAL, CREMATION, REMOVA SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR	113 Oct 1981 Spe ADDRESS Home P.A. Aberdee	THE STATE OF THE S	TE REC'D. BY REGISTRAR 250	REGISTRAR DESCRIPTION



64	1.	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENE 8 1 2	6 7 9 9
y be ge 3 eoth		CEASED NAME FIRST OR PRINT) HELEN	MARIE	YALL	20. DATE OF DEATH MONTH	16-81 CIST M
Page 4 may director, por heurs after d	3. SE	/ Temale	1. \$ 3+0 M	TE OF BIRTH DAY VEMBER 16, 1916	6. AGE (IN YEARS LAST BIRTHDAY) 64 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
debith. Po	1	/irginia	USA	RIED NEVER MARRIED	P. BALTIMORE CITY OR COUNT HAR FORD	Y OF DEATH MD
by the fu	H	WRE OF GRACES	11. NAME OF HOSPITAL, NURSING HOM FROT IN SUCH EACILITY, GIVE SAYET ADDRESS! FRO	/	120. USUAL OCCUPATION (TYPE OF WORK EOR MOST OF WORKING I Nursing Care Te	
filled in could be to		AL RESIDENCE IN SUPERIOR OR OR OR OTHER PROPERTY OF THE PROPER		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 25 CRILLEY	ed .
MARYLAND 2 Maryland 24 ho mpletely filled i ond 2 should b	14. F	ATHER'S NAME FIRST William	AIDDLE LAST Grubb	15 MOTHER'S MAIDEN NA FIRST Birdie	ME MIDDLE	Ross
BALTIMORE, one be executivision and coppers. Pages 1 val. t, the medical,		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN] (1E YES, GIVE	MED FORCES? 16b SOCIAL SECURITY NO		ADDRESS . Hall, Perryvil	le. Md. 21903
DS, 201 W. PRESTON ST., BAI quires that the death certificate signed by the offending physici hen please remove carbon paper to bunel, cremotion, or removal. ijury, or other froumatic event, the	NC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE O ONDITIONS CONTRIBUTING TO DEATH	to Cady	Molaplani MINAL DISEASE OR CONDITION GI	VEN IN PART I(a)
he low re hos been to permit. I ene prior ows ony it	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physician. When this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b arked or flem 18 shows any injury	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE		9 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2) COUNTY STATE
TTENDI pital appropriate prital pri prital prital prital prital prital prital prital prital prital p		27a. I certify that (I) (this haspite saw the deceosed alive on abave, (I) (we) shift (fid not 27b. SIGNATURE	10-16 1981	, and that in (my) (aur) apinion	death occurred an the date and ho	ur and from the couses stated
0 . 0 0 0		22d PHYSICIAN'S NAME (THE CO	ee 1	ATTENDING PHYSICIAN [MEDICAL STAFF	10/16/81
TO HOSPITAL (retained by the TO FUNERAL should be detained to the should be detained to the short with the Store E		J. T.	Lee	12 DDRESS (med. Cli	wic
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ale Cemetery	23d. LOCATION CITY OR TOWN Troutdal	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)		ICKS HOME for FU	INTRALS CLKTON MD	250	EREZ DAY MAGISTRAR	The state of the s

A. Take W. As a common to the large tags. Provide good - elbil ddwn Corner La Unit Correction of the 21900 18/31/08 duriai 19/20/81 Proundate lembers continuite. Lincipul Just State for Full and States, Sa.

	ECEASED NAM	_		WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 126 H
			Donald	Sidney	Hamm	OF ESTI- DEATH MATED	19
3. 58		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS IF U) YEAR LAST BIRTHDAY) MONT		MIN PRONOUNCED	MONTH DAY YEAR 2d. F
-	male BIRTHPLACE (S	white	10 9	1951 30 YRS.		DEAD	10 9 19 81 11
	FOREIGN COUNTRY)		76. CITIZEN OF W	MARR	RIED NEVER MARRIE	D X	OR COUNTY OF DEATH PM
10.0	Marylar CITY OR TOWN	OF DEATH	US.A	WIDOV		D Harfo	ord County PEOF WORK 126 KIND OF BUSINES
			(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE]	OR INDUSTRY
		e Grace	OR OTHER INSTITUTION O	d Memorial Hospi	tal	Cello Corp.	Manufactur
13a.	STATE	13b. COUN	VTY	13c. CITY OR TOWN		13e STREET ADDRESS	0 1
	Maryland		ord	Havre de Grace	YES NO	101 Vancherie	Court
	FIRST		MIDDLE	LAST	FIRST	MIDDLE	LAST
16a.	WAS DECEASE	D EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY NO.	Bessie 17. INFORMANT	ADDRESS	Rash
(YES, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	220 02 071.5	Ctolle Man	2 66 Cmi 41 A	2100
	NO.	OF DEATH (Enter or	nly ane cause per lin	1229-03-0715 e far (a), (b), and (c).)	POPETTS MAL	d,66 Smith Ave	APPROXIMATE INTER
1		EATH WAS CAUSE	D BY:	Multiple Inju	ries		BETWEEN ONSET AND D
	98	Q Q IMMEDIA	TE CAUSE (a)	R AS A CONSEQUENCE OF			
		ns, if any, which					
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) stating the under	DUE TO, OI	R AS A CONSEQUENCE OF			CONTRACTOR
	lying car		DUE TO, OI	R AS A CONSEQUENCE OF			
	lying car	use last.	(c)	R AS A CONSEQUENCE OF	SE OR CONDITION GIVEN IN PART	T 1 (a).	
NO	PART 2 OTHER S	use last.	(c)		SE OR CONDITION GIVEN IN PART	T 1 (a).	
CATION	PART 2 OTHER S	use last.	(c)CONTRIBUTING TO DEATH			T I (g).	20 AUTOPSY?
TIFICATION	PART 2 OTHER S	USE COST. IGNIFICANT CONDITIONS FOPERATION	(c)	H BUT NOT RELATED TO THE TERMINAL DISEAS		T	20 AUTOPSY? YES XX NO
CERTIFICATION	PART 2 OTHER S 19a DATE OF	USE LOST. IGNIFICANT CONDITIONS FOPERATION AL CAUSE WAS	(c)	H BUT NOT RELATED TO THE TERMINAL DISEAS SITION FOR WHICH OPERATION V	VAS PERFORMED?) (ENTER NATURE OF HUURY IN ITEM 18	YES XX NO
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	PART 2 OTHER S 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY	IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF	19b. COND 21b. TIME C DEATH 21c. PLACE	DE INJURY M. MONTH PAY YEAR OF INJURY OF INJURY A. AND THE PAY YEAR OF INJURY OF INJURY (AT HOME. 211 LC.)	ow injury occurred an over by) (enter nature of fujury in item 18 truck	YES XX NO
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STATE OF MARYLAND

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23		STATE REGISTRAR				EXAMINE					N DE	G. NO.	•		211.00
1		CEASED NAME	FIRST		MIDDLE	Renae		LAST		2a. D	ATE KNOW	N JJ MO	NTH	DAY YEAR	2b. HOUR
	1111	CONTRIVI	Saral	h	Rena	4.		Hayes		DE	OF ESTI-		0	17198	
I	3. SEX	4. RAC	E	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR			UNDER 24		DATE	MON		DAY YEAR	0-16
			nite	AUG. 15,	1981	YRS	. 2		,		DEAD			17 198	9:16
1	FO. BI	RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WI		ITRY?	MARRI	ED NEVER	R MARRIED	1	ALTIMORE C	_		OF DEATH	
4		ary land TY OR TOWN OF DE	ATU	US.			WIDOW		DIVORCED		arford		1.	VIAID OF	MD
ĺ	Н	avre de Gr	ace	Harford	Mem C	orial Ho	ospit		JN II		OCCUPATION OF WORKING LIFE		ORK 121	OR INDUS	
l	13a. S	L RESIDENCE (IF IN NI FATE ry land	THE COUNT		13c. CITY	OR TOWN		13d. INSIDE CITY I	LIMITS? 13	3e STREET A	DDRESS anite	Avenu	16		
	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S	SMAIDEN	NAME	MIDDLE			LAST	
1		Fred		Α.	F	layes		Rox	kann		middle.			Mahala	a
	16a. V	AS DECEASED EVER	(IF YES, GIVE V	NED FORCES?	16b. SO	CIAL SECURITY	NO.	17 INFORMAL	INT		ADD	RESS			- 11/1/19
		No					-	Mr. &	Mrs.	Fred	Hayes,	Port	: De	posit	Md.
		18 CAUSE OF DEA PART I DEATH V	TH (Enter only						1,000					APPROXIMA BETWEEN ON	TE INTERVAL
1		7990		E CAUSE (o)		infant		ath syn	ndrome	9					
ı		Conditions, if	any, which	DUE TO, OR	AS A COP	ISEQUENCE O									
ı		gave rise to cause (a) stating		(b)	AS A CON	ISEQUENCE OF	-								
ı	10	lying cause last			A5 A C01	1320021402 01									
ı	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE	OR CONDITION GI	IVEN IN PART 1	l (a),					
	CERTIFICATION	19a. DATE OF OPER.	ATION	19b. CONDIT	ION FOR	WHICH OPERA	TION W.	AS PERFORME	ED?		- 1			20 AUTOPS	Y?
	TIFIC													YES X	NO 🗆
	CAL CER	210. EXTERNAL CAU UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M.	. MONTH	DAY YEAR	21c. HC	OW INJURY O	CCURRED	(ENTER NATURE	E OF INJURY IN IT	EM 18 PART 1 (OR PART 2		
	MEDICAL	WHILE NOT	RED	21e PLACE C STREET, FACT		(AT HOME,		CATION	11210	CITY	OR TOWN		COUNT	Υ	STATE
		AT WORK AT V	VORK												
		22s. I certify that	11	the remains des	cribed abo	e, held on	Autons	y X, In	nspection	, Inc	quiry .	and in m	ту ортп	on	
1		death resulted from	Many	auses X	Acciden	Suic	ide #	, Homicide		Undetermin	ed manner	<u></u> ,			
		ACTUAL	11	LXMA	N	14111	d	DODUTA		4		D	ATE	10/10	2/01
1		5 IGNATURE		01100	The	Jame	- M	Deputy	/ Unie	MEDICAL	EXAMINER	SI	GNED.	10/18	0/01
		EXAMINER'S NAME (TYPE OR PRINT)	- 11			, M.D.		ADDRESS			. Balt	O., N	1D.		
ſ	23a. Bl	JRIAL, CREMATION, PECIFY)				NAME OF CEMI				23d. LOCATI			COUNTY		STATE
1	74 FI	Burial INERACDIRECTOR		10/21/81	G	llpin Ma	anor		al P			Md.	ora circ	MADE	
		Namalel	E. 7	Lick sooness	T VTO	MD.		250.	OCT	2 2 19		rance	1330	NATURE (ton.
	n l	CKS HOME	for FU	NERALS, E	TW TO	N, MD.		la la				-	2		

Alein TE, 2 IES, 1700 PAYOR, 1012 UCHOSIE, 18. 10/21/Ft High and amorian lark, Jacon, Mc.

/	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH	IENE 8 REG. N	2.	6 8	0 3
		CEASED NAME FIRST	e middle	Н	eid	20. DATE OF DEATH	ct. 5	1981 2h	3:27 P
,da,	3. SE	* Female	white	S DATE C	7 1905	6. AGE (IN YEARS LAST BIR		The state of the s	UNDER 24 HRS
97		Germany	CITIZEN OF WHAT COU	MARRIE WIDOWE		9. BALTIMORE CITY O	ford	DEATH	MD.
dela	Ho		larford M	emovial	Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WO		12b. KIND OF B INDUSTRY Home	BUSINESS OR
35	13a. :	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY Harfo	13c CITY O		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	er Des	n Ave	nue
20	J	loseph	Heid	AST	15. MOTHER'S MAIDEN NA/ FIRST Marria	WIDDLE		eid	
D Wedico	- (WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W	/AR OR DATES)	ONE	Seiglindeleis	Abore 310 Cent	erdeen,	n Avenu	le.
omer moumonic event, in		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E MAMEDIATE (Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	BY:	HENVSCH NSEOUENCE OF	erske bland	t descare			TE INTERVAL SET AND DEATH
, violet y	TION	PART 2 OTHER SIGNIFICANT COI	14.6	EN IN PART 1(0)					
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO		YES NO YES			
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	1 OR PART 2)	
orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
POKIANI: If Item 21 is mo		220. I certify that (1) (in hospital sow the deceased alive on above, (1) (wa) (did) (did act) v 22b. SIGNATURE 3 Delun 22d. PHYSIGIAN'S NAME (TYPE OR PI	view the body after death Lett 2	19 81,0	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STA	FF	4	
5	23e.	B. J. Plun BURIAL, CREMATION, REMOVAL	Kett Jr.	T 23 c. NAME OF C	617 W. Bel A	Trad. LOCATION	berdee	en, MT)
	24.F	SPECERY Burial UNERAL DIRECTOR NAME arring Funeral Ho	10/8/1981	Harford	Memorial Gdn	CITY OR TOWN	R.D.H		Md.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Cat. 5 1.81 51.75 bish Bound Semale white a rung Service Comments of the Comment of t Have a green during the manner of the party of the same of the AND LEATHER DEED STORE STORE STORE PROPERTY OF THE PROPERTY OF APBN Alekania nganob LOOKS AND ASSESSED Mills State the course of the course want drawns, Bo strates to 617 W Books Horse of reason M.D. the first the first section of the first section to the first life. Dark Committee State 1986 - 1986 - Day of the Charles of the Charl

5	3/8	1	1.	STATE OF MARYLAND 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.									
	be 3			CEASED NAME FIRST	1	WIDDLE	Join	mhach	20 DATE OF DEATH	HTMOM	14 81	76 HOUR	
	you you		3. SE	× COOK ST	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	9 de 4	1		Male	Whit	ce	Sept	ember 25 190	74	YRS.	MONTHS DATS	HOURS MIN.	
	deoth. Po	35	Fa.	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.		WIDOWI		HARFOR	S COUNT	Y OF DEATH	MD	
201	by the I filed wit	82	F	ALLSTON	FALL	STON G	ENE	RAL HOSPI	17ª USUAL OCCUPAT (TYPE OF WORK FOR MOST Clerk		FE) 126 KIND O INDUSTRY ATM	PER BUSINESS OR	
BALTIMORE, MARYLAND 2120	filled in hould be	35	130 3	The second second	other institution of the state	13c. CITY OR TOW Forest	N	13d. Inside city limits? Yes \(\text{NO.} \(\text{KO.} \)		ntha C	ourt		
MARYL	completely completely ond 2 sh	20		THER'S NAME FIRST Connad	WIDDLE	Heimbac	h	15. MOTHER'S MAIDEN N	AME		Muth	ī	
MORE	be executor on ond control of the medical	1		VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (IF YES, GI	MED FORCES?	211-07-7		17 INFORMANT Craig Heimb	ach 1603 Sar		Court		
201 W. PRESTON ST.,	equires that the depth certificate in signed by the attending physical Then please remove carbon paper. The buriol, cremotion, or removal injury, or other traumatic event, the		NOI	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI USED TO SENTING THE PART 2 OTHER SIGNIFICANT	DUE TO, DUE TO, DUE TO, (b)	OR AS A CONSEQUE	NCE OF	Seus	MINAL DISEASE OR CON	DITION GIV		MATE INTERVAL DISET AND DEATH	
AL RECO	icion. te hos been sit permit. giene prior	9	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?	
DIVISION OF VITAL RECORDS,	HYSICIAN: nding phys his certifica bound-tran	9	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	ATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE F.	Y YEAR 19	216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		COUNTY	STATE	
INIG	ol or o ol or o OR: Afte r use as Health is mark			WHILE NOT WHILE AT WORK 170. certify that (1) (this hasp saw the deceased alive or	ital attended	the deceased from	71	d that in (my) (aur) opinia	7 to 10/	ate and hou		that (I) (we) lost	
	ITAL OR ATT by the hospit RAL DIRECTC detached for tote Dept. of			above, (I) (we) (did) (fild no	lou	ly after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	10/		
	TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State IMPORTANT; If	1		728. PHYSICIAN'S NAME ITYPE OF EORGE	BE	NOV			enlwort	4 De	ive 21	204	
	BP		(URIAL, CREMATION, REMOVAL SPECIFY) Burial				emetery or crematory tanislaus	Baltin			aryland	
D	VRA 15, 4)			illy & Zeiler,	Inc. 7	00 S. Con	kling	St. 25a. D.	T 15 1981	25h REGIST	RATES SIGNATI	arthen !	

N		-		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2 6 8 0 5											
of .			FOR STATE		0	0 0	ray)								
			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											
•			CEASED NAME FIRST.		WIGGE	200	LAST	2e. DATE		MONTH	GAY YEAR	26. HOUR			
LAY IS NECESSARY PLESE O THE FUNISAL DIRECTOR. PAGE 5 FOR YOUR FILES.	SE:	(117	Phil	Phillip Nathaniel Hoke DEATH MATED 10.								10:15 0. M			
46世		3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	IDER 1 YR. IF UNDER	24 HRS. 2c. DATE		MONTH	30 19 81 DAY YEAR	2d. HOUR			
- HE SE	SIL	1	nale Black	MONTH DAY	YEAR LAST BIRTHO		S DAYS HOURS	MIN PRONOUI	NCED	10-	30 1081	10:15			
\$29	70		TALE BIBER	7b. CITIZEN OF WI		RS.			AORE CITY OR			P·M			
9,000	正常フト	FO	REIGN COUNTRY)	70. 07.122.1 07.111	COOMIT	TOTAL OF DEATH									
AND S	300		ryland	USA		MD.									
Z HE	型気タク	10. C	TY OR TOWN OF DEATH		PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	E, OR OTH	ER INSTITUTION	12a. USUAL OCCU	PATION (TYPE O RKING LIFE)	F WORK 12	OR INDUSTRY				
DELAY IS NECE SI 3 TO THE FUNERA IN PAGE 5 FOR 1	E SOOF	Fa	llston	Fallston	General H	ospit	al	- 1	School						
PO ₹	S S S	USUA 13a. S	L RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GR	134. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS?	13e STREET ADDR	ECC						
21201 ANY AND 3 RETAI	호텔			ford		Grace			tery Dr	ive					
MD. 7, 2, M	AL	-	THER'S NAME		TARTIC CC	<u>Grace</u>	15. MOTHER'S MAIDE		rery u	TAE					
ATH ATH	ラランハ		FIRST	MIDDLE	LAST		FIRST		AlooLE	773	LAST				
SA GO	¥8000		bert Ce VAS DECEASED EVER IN U.S. ARA	cil	Hoke I	YNO	Wahseeola 17. INFORMANT	Emn	ADDRESS	P.	ex				
MI HE	SSO	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE V	VAR OR GATES)	100. SOCIAL SECONI	, , , , ,		Havr	e de Gr	ace,	Md. 2	1078			
BALTIMORE, S AFTER DEA GIVE PAGES ITH FORM P	PAC	No					Wahseeola	E Hoke	247 Bat	terv	Dra				
ST., FOUR N 18.	E, D		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
NO PAR	A ER	20		E CAUSE (a)	Jevere	rea	A ung	unes			Minn	tee			
PRESTON ITHIN 24 F CIL IN ITEA	NO YES		8/97	DUE TO, OR	AS A CONSEQUENCE	OF	V	,							
FE E	REA	1	Canditions, if any, which gave rise to immediate	(b)	automo	hile	accin	dent.		12.0	Minn	tes			
* XXX	N N N		cause (a) stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF			1.1						
S PER	¥N,		lying cause last.	(6)											
DS. AL	ANG		PART 2 DIHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASI	OR CONDITION GIVEN IN PA	PT 1 (a)							
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA IE WORD "PENDING" IN PENCIL IN 1TEM 18, GIVE PAGES 1, 2, AND 3 TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN P.	EW	Z	The state of the s				on committee office in the								
ME PEN	EAN -	CERTIFICATION	190 DATE OF OPERATION	TISE CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?				2D. AUTOPSY	2			
VITAL RE SHOULD ORD "PE CHIEF A	E S P SE	F													
N 200	E E	E	210. EXTERNAL CAUSE WAS	21b. TIME OF	INTHIDY	11. 40	OW INTERPRETATION	D. STATES AND DESCRIPTION OF STATES			YES 🗌	NO X			
9 E	3865		UNDERLYING OR		MONTH DAY YEA	R ZIC. FIC	OW INJURY OCCURRE	D TENTER NATURE OF IN	JUNY IN ITEM 18 PAR	T 1 OR PART 2	2)				
S FED	SA5	\ \ \ \ \ \	CONTRIBUTING CAUSE OF D		. 19										
DIVISION OF S CERTIFICATE RITING THE W RDED TO THE	DEP 3S	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TO	WN	COUNT	I Y	STATE			
THIS WRI	A 4 6	-	AT WORK AT WORK	LON III								011112			
R. TIE.	STS C		220. I certify that I taak charge	of the remains des	cribad about hald as	Autap	sy , Inspection	n N, Inquiry							
EXAMINER: CERTIFICATE	DIS /		The second second second					. ,		n my apını	ion				
A PR	Z H		death resulted fram: Nature	al causes	Accident Su	icide	, Hamicide ,	Undetermined m	anner,		,				
X 8 8	<u> </u>		ACTUAL LANGE	2/1	16 16		TITLE (SPECIFY)			DATE	10/31/	01			
3 = 3	RA A		SIGNATURE TO THE	711	yeur \	M	D. Wepun	MEDICAL EXAM	AINER	SIGNED.	10/3//	81			
MEDIA COTE SE 4 S	Sag.	-	EXAMINER'S NAME C.	1 4	H k		72/	on here	n tigh	ool	Road				
TO W	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND 21201 PRIOR TO BURIAL,		(TYPE OR PRINT)	गण्या त.	HENCH		ADDRESS	metord	md.	2-1	160				
202	₩ ¥ ₩	23a. B	JRIAL, CREMATION, REMOVAL 23	b. DATE	23c. NAME OF CE	METERYO	R CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	5	ATE			
BP			Burial	11/5/81	Mt. Calva	ry Me		Aberdeer			Maryla	nd			
DHMH	4 - 17	24. FI	INERAL DIRECTOR	ACCDRESS			250. DATE	REC'D. BY REGISTRA	AR 256. REGIST	2 210	· WEN				
(VR A15	ME (5))	T	arring Funeral H	lome, P.A	., Aberdeen.	Md.23	LOO1-3399V	4 1981	Corners	Ya.	1/ lette	no.			
15M2	2/80									-		_			

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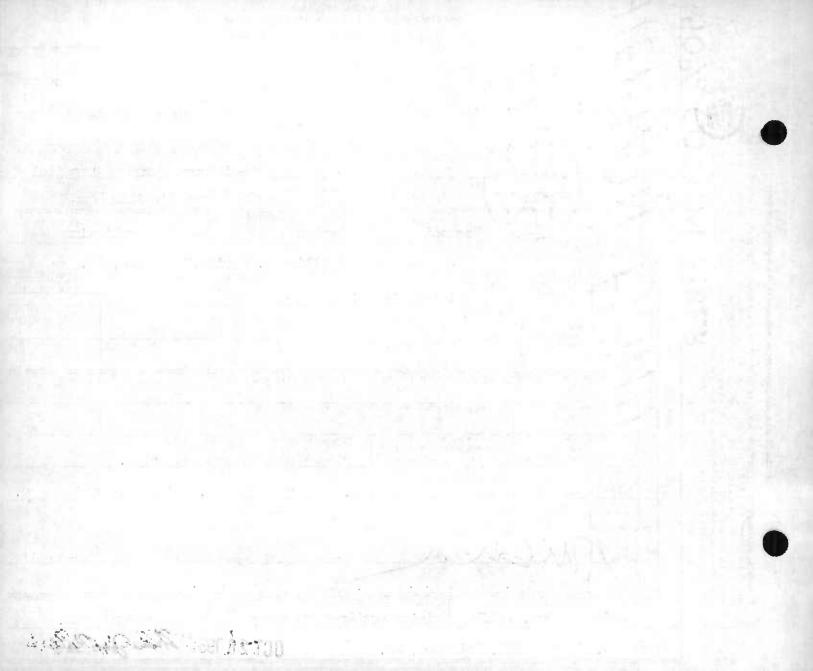
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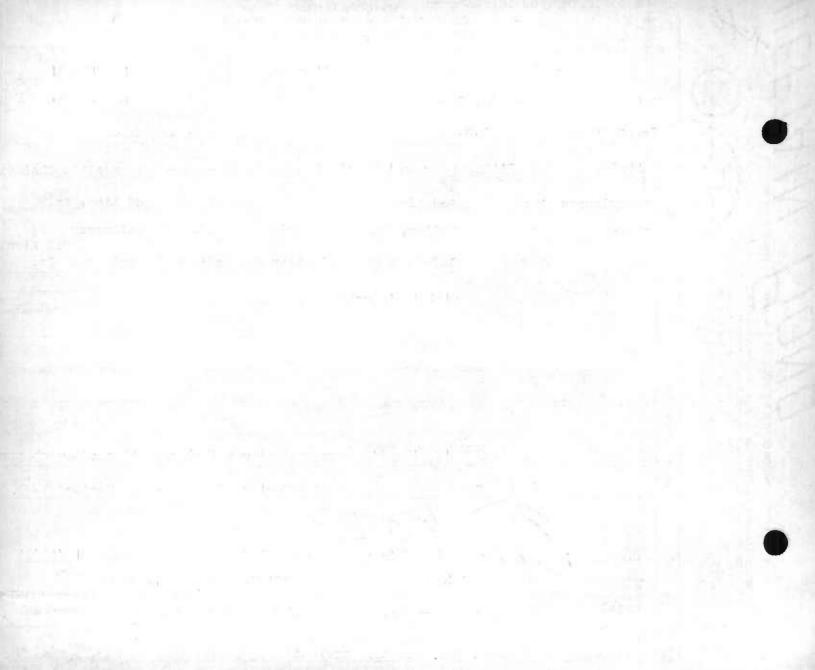
-1	FOR			DEBARTMENIX	STATE OF	MARYLAND	TAL HIVOLEN	Ca s	96	4 17	6
1	= STATE REGISTRAR		ME	DEPARTMENT				TH	6. 0	7) 0	0
	DECEASED NAM	E FIRST	,,,,	WIDDLE	MINAEK 3	LAST	CIL OF DE	20. DATE KNOWN	NO.	DAY YEAR	2b. HOUR
(TYPE OR PRINT!	lilami		C+ 1	1			OF ESTI-			Za. HOUR
3. S	SEX	Warr 4 RACE	5. DATE OF BIRTH	Steptoe 6 AGE		Ones NDER 1 YR. TIE	UNDER 24 HRS.	2c. DATE	нтиом	4 19 81 DAY YEAR	2d, HOUR
	Male	Black	MONTH DAY		IRTHDAY) MON		OURS MIN.	PRONOUNCED DEAD	10		II P
70.	BIRTHPLACE (S		76. CITIZEN OF W	1923 F	8YRS.			9 BALTIMORE CIT	Y OR COUN	4 181	M
5	Maryland		USA		WIDO		R MARRIED [
10.	CITY OR TOWN		11. NAME OF HO	SPITAL, NURSING H	OME, OR OT			Harford JAL OCCUPATION			MD.
10 H	lavre de	Grace		acility, give street abb		1+-1	FOR	MOST OF WORKING LIFE)		176 KIND OF B OR INDUS	
US	UAL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE AL	MISSION			upplies		Plumbin	g
	STATE Maryland	Hari		Aberdeer		13d. INSIDE CITY L		EET ADDRESS	0:7		
, 14,	FATHER'S NAME					15 MOTHER'S	MAIDEN NAME	2 Hickory	CIPCIE		
	John First		MIDDLE	Jones		FIRST		WIDDIE		LAST T	
160	WAS DECEASED	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC	URITY NO.	Mary 17. INFORMAN	NT	ADDR	ESS _	Jones	
	(YES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	217-16-7	7285	Moratile	T. Tono	632 Hicl	Marylar	nd 21001	
F	18 CAUSE O	F DEATH (Enter or	nly one couse per line			THAT	TIMOTE	الماليا عرباوا	abry C	APPROXIMAT	E INTERVAL
	PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a) Ar			cardiov	ascular	disease		BETWEEN ONS	T AND DEATH
	142	92		AS A CONSEQUE		Cararov	ascarar	0130030			
21 160 NOTES		ns, if ony, which									
	couse (a)	stoting the under-		AS A CONSEQUEN	ICE OF				-		-
	lying cou	se last.	(c)								
	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATN	BUT NOT RELATED TO TH	TERMINAL DISEA	SE OR CONDITION GIV	VEN IN PART 1 (g),				
O											
CERTIFICATION	19a. DATE OF	OPERATION	196. CONDI	TION FOR WHICH	DPERATION V	VAS PERFORME	D?			20. AUTOPSY	?
										YES 🛛	NO 🗌
/ 1 0	21a EXTERNA	L CAUSE WAS	21b. TIME O HOUR A.A		YEAR 21c. H	OW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITEA	A 18 PART I OR PA	RT 2)	
MEDICAL	CONTRIBUTION	NG CAUSE OF	DE ATH P.W	/							
AED A	214 INJURY C		STEE PLACE	OF INJURY (AT NOV		CATION STREET		CITY OR TOWN		UNTY	STATE
1	AT WORK	NOT WHILE [JIMIE
			ge af the remains de	scribed obove, held	on A Autor	osy XX In	spection .	Inquiry .	and in my ap	DIDIOD	
	death results	/	ral couses X	Accident	Side	Hamicide		ermined manner	7.		
	Acqueres.	1/1		14-5	1	TITLE (SPEC					
	SIGNATURE_	100	workers	1/ma	X	Deputy		ICAL EXAMINER	DATE	10/5	18/
7	EV A MAINTENIC				-			TOTAL EXAMINER	310146		
4	EXAMINER'S (TYPE OR PRIN	NAME Tho	omas D. Sn	nith, M.D		ADDRESS	III Per	nn St. I	Balto.	MD.	
230	BURIAL, CREMA	TION, REMOVAL	73b. DATE	23c. NAME O	CEMETERY	OR CREMATORY	23d. LC	CATION ORTOWN	cour	NTY C	TATE
		ial	10/8/1981	Union	Method	ist Cem	Abe	rdeen Ha	rford	Marvla	nd
-	FUNERAL DIRECT		ADDRESS			75c.	DATE REC'D. BY	REGISTRAR 756. R	EGISTRAR'S S	IGNATURE	
T	arring F	uneral H	lome, P.A.,	Aberdeen,	Md.210	01-3399	OCT 8	1981 Pau	2000	an Thath	46

Scientific Colleges to the Market Colleges The result grant Sec. 25 majests business Sandyral mehrand giller I. Zif-ii. 2005 independent selection (collection) in the medical collection of the col and the property appropriate the property of t The state of the s

XI		FOR STATE			r	DEPART	STA MENT OF		ARYLA I AND M		HYGIEN	6		2	6	8 0	1
		REGISTRAR			ME		EXAMIN	ER'S	CERTIFI	CATE	OF DEA	ATH	REG	, NO.			
		EASED NAME	FIRST	2011	S 33	WIDDLE			LAST			20. DATE OF	KNOWN ESTI-	A X WO	ONTH DA	AY YEAR	2b. HOUR
EET,			JOSEPH			IARY		KE	HRING	3	17		MATED	1	0 2	3 1981	
3	SEX	4. RA	ACE	5. DATE (OF BIRTH	YEAR	6. AGE (IN YE		DER 1 YR.	IF UNDER	24 HRS.	2c. DAT	E	MO		AY YEAR	6:48
		male w	hite	Jan.		1943	38 Y	RS.				DEA	D		0 2.		D W
5	MO. BIF	THPLACE (STATE C	OR	76 CITIZE	USA	IAT COUN	ITRY?	8 MARR	IED NI	EVER MARR		9. BALTII	MORE CIT	Y OR CO	O YTMUC	F DEATH	ANE
4		Y OR TOWN OF D	EATU	11 NIAAA		DITAL MILL	RSING HOMI	WIDOW			ED X	Har	ford	Coun	ty	KIND OF I	JAM
N.			EAIN	(IF NOT	T IN SUCH FAC	CILITY, GIVE S	TREET ADDRESS)			JIION	FOR /	MOST OF WO	ORKING LIFE)			OR INDUS	TRY
1		ALLSTON LRESIDENCE (IF IN	NURSING HOME O	OR OTHER INST	allst	on GO	eneral	Hosp	oital		Reg	ister	red N	urse	I	Hospi	tal
4	lar	ŷĬand	Hari	ord		JOI JOI	or town opa	0.47	13d INSIDE	CITY LIMITS? NO 🔼	280	3 Fra	ess nkli	nvil	le Ro	oad	
Ī	4 FA	THER'S NAME		WIDDLE			LAST		15. MOTH	ER'S MAIDI	EN NAME		MIDDLE			LAST	
1	10	Car				cucc:			Evely	'n		-	-	Gry	nkiev	vicz	
1	(YE	AS DECEASED EVI 5, NO, OR UNKNOWN)	ER IN U.S. ARA				IAL SECURIT		17. INFOR		77 1		ADDR	RESS			
Ŀ		no			HE I		44-017	18	MITI	iam J	.ken	ring,	Sr,	opp	a, Mo	1.	September 1
1		18 CAUSE OF DE PART I DEATH	ATH (Enter and WAS CAUSED	ly one cous											В	APPROXIMA	TE INTERVAL
1	1	013	IMMEDIAT	TE CAUSE	(~)		ole in		es								
	7	Canditions, if	ony, which	100	JE TO, OK	AS A CON	SECUENCE	Ur									
3		gave rise to cause (a) stati		1 DU	(b)	AS A CON	ISEOUENCE	ne.									
1		lying couse la	st.		(e)		020021102										
1		PART 2 DINER SIGNIFIC	ANT CONDITIONS O	CONTRIBUTING	G TO DEATH B	BUT NOT RELA	TED TO THE TERM	INAL DISEAS	E DR CONDITIE	ON GIVEN IN PA	RT 1 to:						
1																	
1	CERTIFICATION	19a. DATE OF OPE	RATION	196	. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFO	RMED?				100-0	28	AUTOPS	13
	E												-			YES 🔀	NO 🗆
		UNDERLYING			OUR AM	MONTH	DAY YEAR	21c. H	NULVI WC	Y OCCURRE	DIENTER	NATURE OF II	NJURY IN ITE	M 18 PART 1	OR PART 2)		
	MEDICAL	UNDERLYING CONTRIBUTING		DEATH	5 P.M.	10-	23-198	1 Dr	iver	in au	ito/a	uto d	colli	sion			
	MED	WHILE NO			STREET, FACTO		(AT HOME,		CATION	S 41		CITY OR TO	OWN		COUNTY	13	, STATE
		AT WORK	WORK X	6	road			Rt.		Box	Hill	Rd.	,Abin	igdon	,Har	ford	Md.
No.		22a. I certify the	It I taak charge	e of the re			_	Autap	sy X.	Inspectia	n .	Inquiry	, 🔲 .	and in r	ту аріпіот	n	
		death resulted f	m: Noture	al couses	∐	Accident	X, Su	ícide 🔲	, Homi	icide	Undet	ermined m	nonner],			
		ACTUAL H	111	1),	n				SPECIFY)					ATE	10 -	
+		SIGNATURE	1/1	20	VX	0	-	M	.D.Ass	istant	MED	ICAL EXA	MINER	S	ATE IGNED	10-24	-81
*		EXAMINER'S NAV	€ An	nn M.	Pixo	on, M	.D.	1	ADDRESS.	111	Pen	n St					
2	30. BU	RIAL, CREMATION					NAME OF CE				23d. LC	CATION			COUNTY		STATE
		Burial	. Oc	t.27	,1981	Tri	inity I	uthe	ran C		ry, e	Joppa		Harf	ord	Md.	
1		NERAL DIRECTOR	M-C	~ TT	ADDRESS	3 3	353	17 34		250. DATE			AR 251	GISTRA	P'S SIGN	ATURE	,
L	H	oward K.	MCComa.	s III	L, Ab	ingdo	on, Md.			UU	T 26	130	1		Charles of the Charle	453	



1. DECEASED NAME FIRST MIDDLE LAST Preston I. Keller, Jr. 3. SEX 1. RACE S. DATE OF BIRTH MONTH DAY YEAR 26 HOUR SEXT DEATH MATED 10 17 19 81 4. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR 26 HOUR SEXT DATE MONTH DAY YEAR 26 HOUR SEX DAY AN	16	1-	FOR STATE	riim G5	OU 10/29/	DEPART	MENT OF	HEALTH		ENTAL H	20			2 6	8	Û	8		
SEX			REGISTRAR CEASED NAME	FIRST	ME		EXAMIN	AEK. 2 (AIEO	F DEA			_	A DAY	VEAD	Is Hous		
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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	DECEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR	26 HOUR
	EAR	I. Scarborough	KELLY	OCTOBER 3	1 1981	3:15 8
3	SEX	4 RACE	S. DATE OF BIRTH MONTH MORTON 18, 435	6 AGE (INYEARS LAST BIRTHE		IF UNDER 24 HR
10	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR	COUNTY OF DEATH	
0	Maryland	U.S.A.	WIDOWED DIVORCED	BALTHMORE	CITY	٨
10	BET ATT	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION SET ADDRESS) 123 WEST BELOTIES	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY	Gent.
	SUAL RESIDENCE (IF NURSING HOME 30. STATE 136 COI	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) IWN 1134, INSIDE CITY LIMITS	1	BELCIEST	
TI.	FATHER'S NAME	MIDDLE KEN	15. MOTHER'S MAIDEN		Scarbon	
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMAL TE	1838-4148 ADDRESS		
1	4ES-Army Air Cons.	214-16-	3945 Mrs. KATHETIN	IEC KElly BE	Air, Maryland	MATE INTERVAL ONSET AND DEATH
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	sow the deceased alive of	pital attended the deceased from	21	on death occurred on the date		that () (we) la
	22b. SIGNATURE We S	Inthal Mal	DEGREE ATTENDING PHYSICIAN		224. DATE	SIGNED 1-8/
1	W. STRAT	FORD MAY	TA. The Johns Hu	king OMHOUT		
23	30 BURIAL, CREMATION, REMOVA	AL 236 DATE . 236	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY	STATE 210

ATTENDING PHYSICIAN:

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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR PUR POSTER

JOSEPH WILLIAM FOSTER

JOSEPH WILLIAM FOSTER

Withroadway & Williams St. BELLEY Manylord 2014

BY REGISTRAR ST HIGHSTRAMS HANATHO

House de Grace Harland C. Manyland 21070

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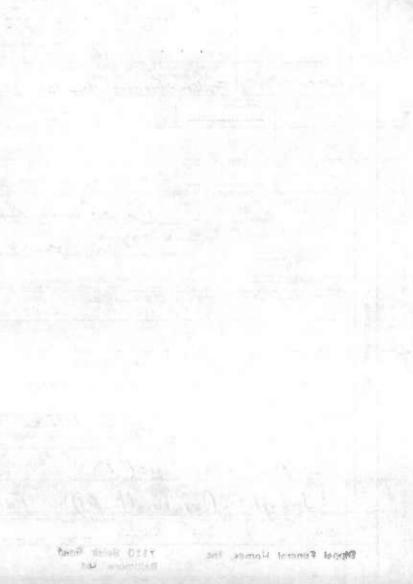
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STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DIVISION OF VITAL RECORDS, 201 W.

100 HE plan (Board Smothelium B. Branda Lawrence)

	FOR STATE REGISTRAR
ı	I DECEASED NAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTI	ICAIL OI DEA	1111	RE	G. NO.		
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	Fe	emale		White		MONT		YEAR	61	YRS	MONTHS DAYS	HOURS MIN
	Zo. BIF	RTHPLACE (STATE	OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAR	DIED []	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	
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0		TY OR TOWN OF	DEATH	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITU	TION	120 USUAL OCCU			OF BUSINESS OR
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4	FIC									IN CER	TIFYING CAUSE	S OF DEATH?
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		226. SIGNATURE	effici safefici	1	othin death.	200	DEGREE				22s DATE	E/SIGNED/
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		E. Lo	uis Kah	an, M.D).		Edgewoo	od, M	d.	4-1		
	15	URIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION		COUNTY	STATE
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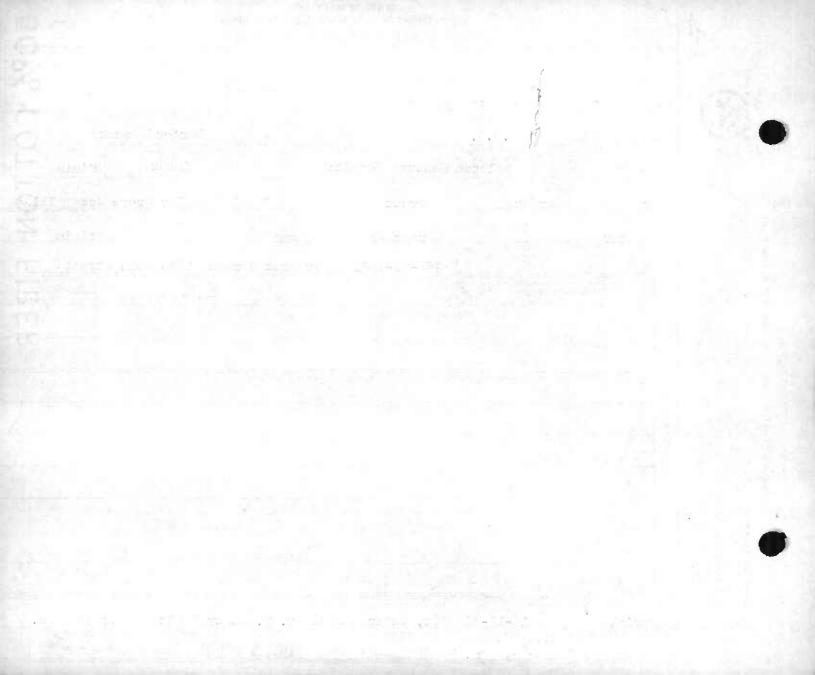
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	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	1 2 6 3 1 9 REG. NO.
noy be page 3		CEASED NAME FRST	CHAPMAN MilleR RACE IS DATE OF BIRTH 6 AGE (INVE	DEATH MONTH DAY YEAR 26 HOUR Oct. 27 / 1981 174 M EARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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mak bed will be will b		VAMES -		ADDRESS GERHART
BALTIMORE, into be execu- parts. Pages in val.		YES, NO OR UNKNOWN) (IF YES, GIVE V	AR OR DATES) 194-16-6505 GEORGE F. MIL	LEP, BALTO, MO.
that the death certified by the attending pholose remove carbon princip, cremotion, or remo or other traumotic even		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	/ / / 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TAL OR ATTEN y the hospitol AAL DIRECTOR, detached for us or to Dept. of He NT: If them 21 is		sow the decessed alive an above, (I) (we) (did) (did nat) (27b. SIGNATU):	DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR	d an the date and hour and fram the causes stated 22c. DATE SIGNED STAFF PHYSICIAN
TO HOSPITAL of retained by the TO FUNERAL IS should be detent with the State IMPORTANT: If	220	THE PHYSICIAN SNAME PINE OF	2 Md. So. Union AJE	· HAURE de GRAZE MA
BP		BURIAL		EN CASTLE FRANKLIN 194.
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STATE OF MARYLAND



1-	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYCER'S CERTIFICATE OF		2632	1
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E 5 FO	PREIGN COUNTRY) Md	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	- HAN	OR COUNTY OF DEATH	MD
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2/ I	ATHER'S NAME FIRST AND CO WAS DECEASED EVER IN U.S. AR/ ES, NO, OR UNKNOWN) (IF YES, GIVE	MIDDLE Nichols MED FORCES? MAR OR DATES) MED FORCES? MAR OR DATES)		NAME MIDDLE ADDRES FAL CLOCKE	Whitehead 55	
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MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
BALTIMORE, MARYLAND, 21201		e of the remains described abave, held an al causes Accident Sura	Autopsy Inspection finde Inspection finde Homicide ITILE (SPECIFY) M.D. Depuis	Undetermined manner	DATE O - 12-	<i>Y1</i>
Z30.BI	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 2 SPECIFY)	3b. DATE 23c. NAME OF CEM	ADDRESSADDRESS	Allcause 23d. LOCATION CHYORTOWN	COUNTY STATE	

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STATE OF MARYLAND

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SIGNATURE	Du	gent	-b	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DATE	I 9/P
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24. FUNERAL DIRECTOR
Howard K. McComas III Abingdon, Maryland 2100 oct 2

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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TEND tol	OR: or use f Hec			22a-1 certify that (1) (this hospital) attended the deceased from 19 , to 1 - 19 , that (1) (we) last saw the deceased alive on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated											
A AT	RECT ed for pt. o			obove, (I) (we) (22b. SIGNATURE	did) (did not)	view the body	ofter depth.	- 11	DEGREE	,,,,,				22c DATE	
	RAL DIRE detoched tote Dept VT: If Herr			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10-16-81											
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BP_					grand,			& WELL PAN	c Str	25.	ERECD BY HA		SECULTER		
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STATE OF MARYLAND

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		STATE OF MARYLAND										
1	A	FOR STATE		DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE & 1	de C	5 0	20		
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STATE OF MARYLAND

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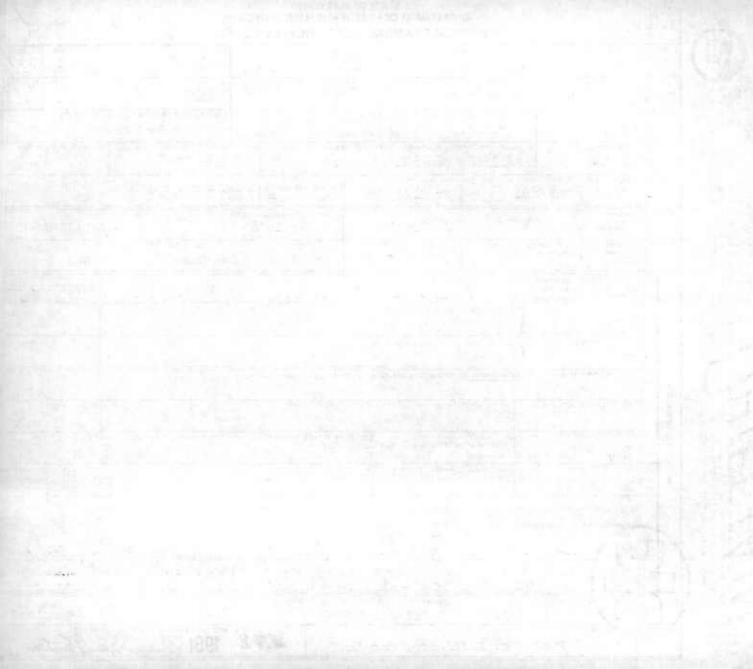
STATE OF MARYLAND

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	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 6 8 2 9
		1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
e pe		DECEASED NAME GEORGE WILLIAM SILLS OF DEATH MONTH DAY YEAR 26. HOUR GIVE OR PRINT)
may be , page 3 ter death	3	SEX SRACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HE AMONTHS DAYS HOURS MIN.
Page 4	A)	MAR White MAR 15.1915 66 YRS
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ofter the f atified	ALC: NAME OF	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET GODRESS) 120. USUAL OCCUPATION (ISPE OF WORK FOR MOST OF WORKING JIFE) INDUSTRY PAINTER HEROT NOT IN SUCH FACILITY, GIVE STREET GODRESS) RETURNED
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he law r ion. has bee it permit.	9	THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 106. AUTOPSY7 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2)
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OR bolke		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226. DATE SIGNED DIRECTOR PHYSICIAN
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DHMH-16 30M 2/80 (VRA 15, 4)	2	MITCHELL F.H. P.A. HAVAEDE GRACE MUDCT 29 1981 71.

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Howard K. McComas III, Abingdon, Md.

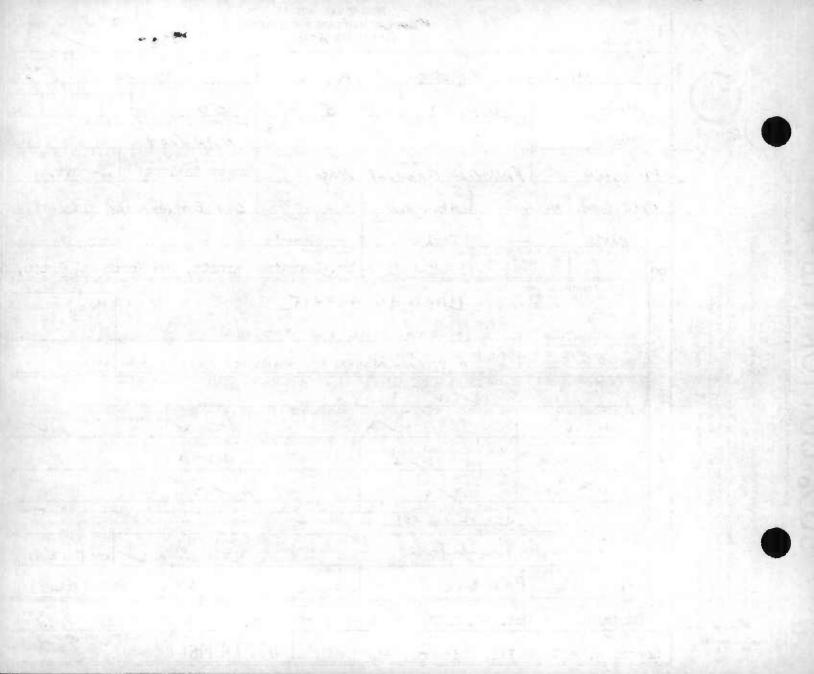
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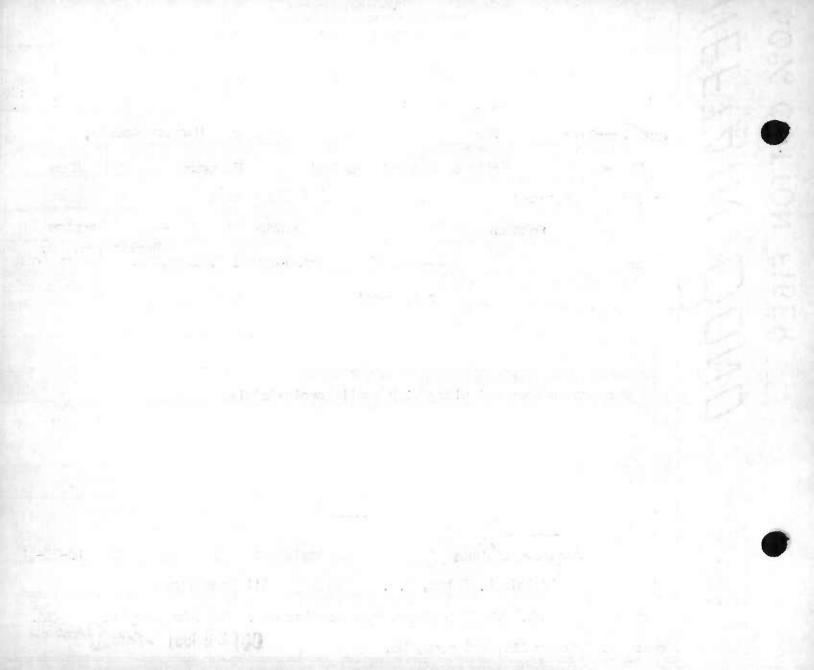
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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puo lo LO		Calvin		Taylor		Bessie		Bs	aker	
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oper vol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause pe						APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
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ation		Conditions, if any, which gove rise to immediate	(b)_	MYO CA	NO.AL	SWEARC	TION			
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en plea o buria ury, or		PART 2. OTHER SIGNIFICANT	CONDITIONS							
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rrial-transit ental Hygie Item 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110000	OF INJURY	Y YEAR 21c. HO	OW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2}	
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te as the burial-transit per alth and Mental Hygiene marked ar Item 18 shaws	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY OFFICE, FA	211. LC	STREET	CITY OR TO	wN	COUNTY	STATE
se al ealth mar		220 I certify that (I) (this has	pital) attended t	he deceased from_	100	12 1981	to	19.	the the	ot (I) (we) last
of Hi 21 is		sow the deceased plive p above, (1) (we) (did) (did s	n UCT	12 195	and that is	n (my) (🕶) opinion	death occurred on the de	ate and hour ar		1.7
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be of the Strong		22d. PHYSICIAN'S NAME (TYPE	^		22e At	ODRESS				
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30M 2/80 5, 4)		NERAL DIRECTOR		ADDRESS		250. DA	TE REC'D. BY REGISTRAR		NE SIGNATUR	arthen .
, -1	He	oward K. McCom	as III,	Abingdon,	Md.	UL	7 1 4 1981	Mines	Juan 1	



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BALTIMORE, MD. 21201	NER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE CATE, WRITING THE WOORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31°O THE FUNERAL DIRECTOR. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. "OR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN/27 HOURS THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	14. F/	ATHER'S NAME FIRST	U	nknown		LAST		Í	er's maide ettie	9	MI	IDDLE		_	ness	
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	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	-	EXAMINER'S N	AME Viro	ginia L. C	olan	M.D.		ADDRESS		II Pe	enn St	reet				
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	(VR A15 ME (5))	Но	ward K.	McComas	III, Abi	ngdor	, Md.				ועט	~ 0 12	41 -	T-paperson,	W		



Malan Bay and Alexander To the and asked Martin Martin Commission of the Commission of th LAND COMMENTER STOP IN THE RESTORATION OF THE PARTY OF TH

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
) "	TYPE C	EASED NAME CHRIS	TINIA MARI		VAN	October 1 1	981
3. i.e	SEX	Female	White	5. DATE (MONTH		6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS
35 70		THPLACE (STATE OR FOREIGN OUNTRY) Md.	76 CITIZEN OF WHAT C	OUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	HAC FORD	
1 / 1	1	re de Grace	11. NAME OF HOSPITA	, GIVE STREET ADDRESS)	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
13	SUAI o ST	ATE 136 COUNTY	OTHER INSTITUTION GIVE RESI	DENCE BEFORE ADMISSION) YOR TOWN rdeen P.G.	13d. INSIDE CITY LIMITS? YES NO	NONE 13. STREET ADDRESS 2756D Augusta	Street
		HER'S NAME FIRST WILLIAM	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	AME // MIDDLE	LEMIS
160	(YE	AS DECEASED EVER IN U.S. AR	E WAR OR DATES)	ONE	17 INFORMANT	roving Ground.	Maryland St. Aber
	T	8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for		io - Park	valory Arres	APPROXI BETWEEN C
		7798 Conditions, if any, which		CONSEQUENCE OF	Exheme	prematerial	25.
	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A C	CONSEQUENCE OF	4714333		
	1	underlying couse lost.	(c)	CONSEQUENCE OF			4
NO			(c)		NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART 1(d
2 INFICATION	1		(c)CONDITIONS CONTRIBU			200. AUTOPSY? 20b. IF '	GIVEN IN PART 110 YES, WERE FINDIN RTIFYING CAUSES YES
SAL CERTIFICATION		PART 2 OTHER SIGNIFICANT ((c) CONDITIONS CONTRIBUTE 196. CONDITION FOR THE CONDITION FOR THE CONDITION FOR THE CONTRIBUTE	UTING TO DEATH BUT OR WHICH OPERATIO	N WAS PERFORMED	200. AUTOPSY? 20b. IF IN CER	YES, WERE FINDIN RTIFYING CAUSES YES [
MEDICAL CERTIFICATION	1	PART 2 OTHER SIGNIFICANT (90. DATE OF OPERATION (10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	(c)	DTING TO DEATH BUT OR WHICH OPERATIO ONTH DXY YEAR 19	N WAS PERFORMED	200. AUTOPSY? 20b. IF IN CER	YES, WERE FINDIN RTIFYING CAUSES YES [
100	11	PART 2 OTHER SIGNIFICANT (90. DATE OF OPERATION (10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (14. EITHER NOTIFY MEDICAL EXAMINES (14. INJURY OCCURRED WHILE NOT WHILE	(c)	DR WHICH OPERATION NY ONTH DW YEAR 19 IRY ORY, OFFICE, FARM, ETC.) Sed from 19 19	211. LOCATION STREET	200. AUTOPSY? 20b. IF IN CER	YES, WERE FINDING THEYING CAUSES YES 18 PART 1 OR PART 2) COUNTY
100	11 2 2	PART 2 OTHER SIGNIFICANT (90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINER 11d. INJURY OCCURRED WHILE NOT WHILE AT WORK 120. Lecrtify that (1) (this haspi sow the deceased alive par	(c)	DR WHICH OPERATION ON WHICH OPERATION ON YEAR 19 ONY, OFFICE, FARM, ETC.) Sed from 19 ON YEAR 19 ON	211. LOCATION SIREET 214 that in (my) (aur) apinion DEGREE	200. AUTOPSY? 20b IF IN CER YES NO STORY CITY OR TOWN	YES, WERE FINDING THEYING CAUSES YES 18 PART 1 OR PART 2) COUNTY
100	1 2 2 2	PART 2 OTHER SIGNIFICANT (90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 211. NOT WHILE AT WORK 220. L certify that (I) (this haspi sow the deceased alive or obove, (I) (we) trady (diff no	(c)	DR WHICH OPERATION ON WHICH OPERATION ON YEAR 19 ONY, OFFICE, FARM, ETC.) Seed from 19 ONY, OFFICE, FARM, ETC.)	211. LOCATION SIREET 214 that in (my) (aur) apinion DEGREE	200. AUTOPSY? YES NO NO NICER NATURE OF INJURY IN ITEM 1 CITY OR TOWN death occurred an the date and h	YES, WERE FINDING THEYING CAUSES YES [18. PART 1 OR PART 2] COUNTY 19. 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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d do	h	J. 5£)	19		RACE L)	J. DATE C		6. AGE INVERSIBILIES	VRS	H UNDER FREAK	HOURS
merch P	29	7n. B2	RTHPLACE LLIATEON RO COUNTRY	DRIGH 3	& CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI		HARFOI		OF DEATH	
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mplend) and 2 st	DOM STORY	4 FA	THER'S NAME		NOOLE	4451		IS MOTHER'S MAIDEN NA	ME WOOL			57
end co	1				NED FORCES?	THE SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	55	34.19	
to the death certificate he by the effects of the remove (arbitrary) certification, or removal other transmitters of the result the result.		U	TECAUSE OF DEATH PART DEATH WAR Conditions, if any, gave rise to imms course to, stating underlying course	which ediate a the	DUETO, O	Time for the con-	will	pulmono		est les	inneso	
have requires that the death certalisate he to been varied by the attending abjuscion e-mi. Then picose remove carbon papers, in e-prior to burial, cremation, or removal ri any equivy, or other traumatic event, the r	9		Conditions, if any, bave rise to immediately underlying course	which hediate p the lost.	DUE TO, O	R AS A CONSEQUE	OLEV PICE OF ENCE OF	pulmoro	my And	les DITION GIVE	APPROX BETWEEN	W. NG5 USE
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TODATE ALL OF ALTEXOLING PRINCES. The law requires that the death certificate is and by the historial or otherwise physician. FUNERAL DIRECTOR After this certificate has been signed by the attending physician slud be decided for a vie as the burnishing permit. Then picous remions containing oppins the State Dept of Health and Mental Hygiens prior to burial, cremation, or removal. ORTANI. If them 21 is marked or them 18 shown day injury, or other trainmatic event, the n	999	MEDICAL CERTIFICATION	Conditions, if any, pave tise to state of covered to the state of covered to the state of covered to the covere	which edicate the lost the los	DUE TO, O LIDIO ONDITIONS CS THE CONDITIONS CS THE CONDITIONS CS THE FLACE (AT HOME OF THE COME OF	R AS A SONSEQUE R AS A CONSEQUE DITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY RET. FACTORY OFFICE. U e desepted from e desepted from e desepted from	OPERATION OPERATION ANY YEAR 19 ANALESC 19	MOT RELATED TO THE TERM N WAS PERFORMED. THE HOW INJURY OCCUR THE LOCATION SHEET 10 And that in (my) (our) apinion	ANAL DISEASE OF CON 100 AUTOPSYT YES NOT RED LEVIES NATURE OF HUM.	DITION GIVE	WERE FINDING CAUSE:	NGS USES OF DEA

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	3. SE		5. DATE OF BIRT		PEARS IF UNDER	YR. IF UNDER	MIN: PRONOUNCED	MONTH	DAY YEAR 24
		Male White		1918 63 WHAT COUNTRY?	YRS.		DEAD	10	2 19 81
1	FI	OREIGN COUNTRY)				NEVER MARR	IFD	CITY OR COUNT	
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P			(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING L		OR INDUSTRY
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-	130. 3	STATE 13b. CC	YTAUC	13c. CITY OR TOWN	13d. 1	INSIDE CITY LIMITS?	13e STREET ADDRESS		
4			rford	Aberdeen		s 🚨 NO 🗌	Apt. 1C.	1002 W	arwick Dri
١	2	ATHER'S NAME	MIDDLE	LAST	15. A	MOTHER'S MAIDI	EN NAME MIDDLE		LAST
1		ed was deceased ever in u.s.	APAGE CONCESS	Williams	TV NO. 32 IN	Lucy	10	Stor	nestreet
	(YES, NO. OR UNKNOWN) (IF YES	GIVE WAR OR DATES)			NORMANI	Abe:	rdeen. M	d. 21001
	Ye		WW-II	232-09-04	24 Ma	rgaret (-Williams A	pt.10,100	
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	LICED BY			- 1			APPROXIMATE INTER
			DIATE CAUSE (a)			rdiovasc	cular Disease)	
AL, CREMATION, OR REMOVAL	13	1272		DR AS A CONSEQUENCE	OF				Teres and
		Canditions, if any, w gave rise to immed							1 1 1 1 1 1 1
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		lying cause last.							
		PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEA	TN BUT NOT RELATED TO THE TER	MINAL DISEASE OR CO	DNOITION GIVEN IN PA	PT Luni		
	Z						KT I IM		
-	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH OPE	RATION WAS PE	ERFORMED?			20 AUTOPSY?
	1 2	The state of							YES DE NO
5	1 2	210 EXTERNAL CAUSE WAS		OF INJURY	21c. HOW IN	NJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PAR	
5	ALC	UNDERLYING OR CONTRIBUTING CAUSE		.M. MONTH DAY YEA	AR .				
ľ	MEDICAL	21d INJURY OCCURRED	21e PLAC	E OF INJURY (AT HOME,	21f. LOCATIO	ON			
	M	WHILE NOT WHILE	STREET, F.	ACTORY, FARM, ETC.)	STREET		CITY OR TOWN	COU	NTY :
		AT WORK AT WORK			- FT	771			
		22a. I certify that I took o	horge of the remains o	lescribed obove, held an	Autopsy	X, Inspectio	n . Inquiry .	ond in my api	nion
		death resulted fram:	Natural causes X,	Accident, S	uicide,	Hamicide .	Undetermined manner		
		4.	\$	01		ITLE (SPECIFY)			
		ACTUAL SIGNATURE	meg LA	Cola		Assistan	T MEDICAL EXAMINER	DATE	10-4-81
7		0					MEDICAL EXAMINER	SIGNEL	
×	o dia	EXAMINER'S NAME Y	irginia L.	Dolan, M.D.	ADDR	DESS III	Penn Street		
Ī	23o. 8	BURIAL, CREMATION, REMOVA		I23c NAME OF C	METERY OR CRE		23d LOCATION CITY OR TOWN		
	(SPECIFY) Burial	10/7/198		Mem. Ga			count	
	24 F	UNERAL DIRECTOR	110/1/190.	T IDET WIL	THE HE GET			arford I	Maryland GNATURE
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